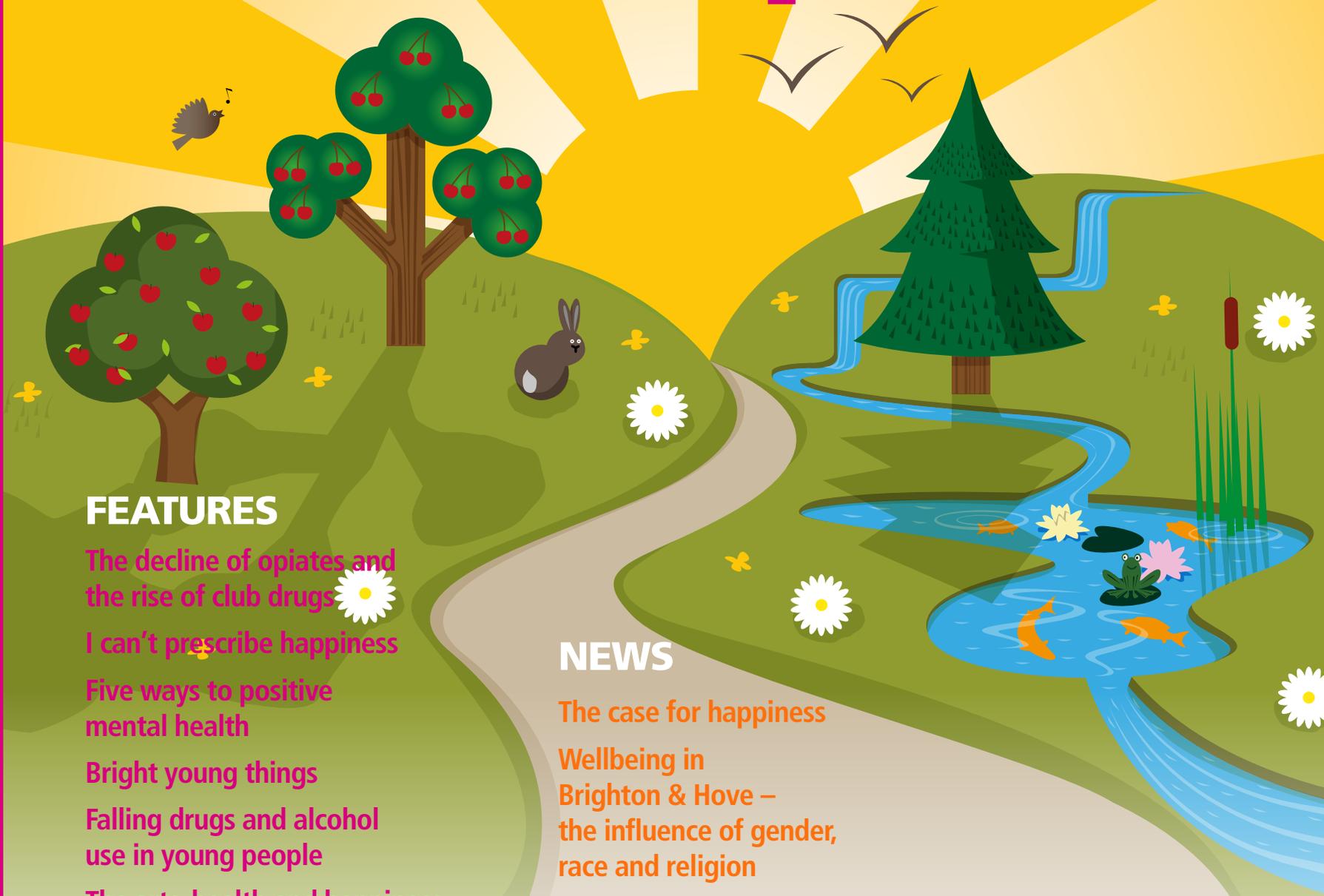


HAPPINESS

the eternal pursuit



FEATURES

The decline of opiates and the rise of club drugs

I can't prescribe happiness

Five ways to positive mental health

Bright young things

Falling drugs and alcohol use in young people

The arts, health and happiness

Bouncing Brighton – keep fit pensioners take the lead

Student drinking – the how, what and why

Smoking in the relegation zone

NEWS

The case for happiness

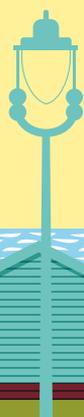
Wellbeing in Brighton & Hove – the influence of gender, race and religion

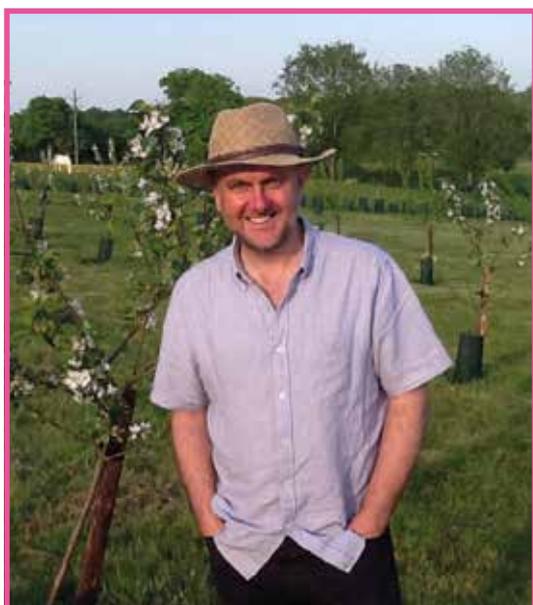
Improving health in Brighton & Hove



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Dr Tom Scanlon,
Director of Public Health

Happiness, if it's not the 'final frontier', it certainly is the eternal pursuit – rich or poor; we all want to be happy.

But what does being happy mean exactly?

What does it comprise? Does happiness make us healthier, bring more life satisfaction? Who amongst us in Brighton & Hove is happiest, and what is the influence of age, gender, ethnicity, religion, wealth and neighbourhood? What about those lifestyle behaviours that we adopt in the apparent quest for greater happiness: tobacco, alcohol, drugs, sexual encounters – do they make us more, or less, happy? If we are sick or infirm, can we still be happy? And, do the effects of happiness endure - or is it more **'like poppies spread – you seize the flower its bloom is shed'**?

Lots of questions, and I have no doubt that we have selected a subject matter for this annual report that will interest many readers. We have some of the answers. We have been able to draw on data from two key sources: for school-aged children, the Safe and Well at School Surveys, and for adults, the Health Counts surveys. Both these local surveys include questions on lifestyle and wellbeing and in the 2012 Health Counts survey – we

looked specifically at happiness. We have trend data too, as some of the questions in the 2012 Health Counts survey were also asked in 2003 and in 1992. So we can get an idea of where we are heading with some of this.

It's a very interesting report, I can guarantee. The journalistic format is similar to last year, and I should stress again that this is not a 'dumbing down'. Quite simply we have tried to present the data in an easily readable format in our never ending attempt to bring more people into the public health fold. There are solid pieces of analysis, literature review and evidence-based practice which underpin all the articles, and the references for the report are all available on-line.

As usual, we have spread the net for contributors and I am grateful to all the authors and to Rick and Harry for their cartoons. This is our first annual report since public health moved back into local authorities (where it sat for over 100 years prior to 1974), and since the Clinical Commissioning Group was formally established, so there are a few new faces. I have also found out that

happiness is a topic that interests many colleagues and I am grateful to all those who brought fresh ideas to the report, and who for the first time were on the receiving end of my unforgiving edits.

As ever however, I rely especially on a small group of individuals who help steer the report across the various hurdles and booby traps that we inevitably encounter en-route: Kate Gilchrist, Chris Dorling, Chris Naylor and Justin Pursaill have all been indispensable. Thank you.

It can sometimes seem that in public health, evidence and science is all, and that we are embarked on a journey to explain away everything that seems metaphysical and mysterious. We aren't, and we don't have all the answers. Happiness may indeed – as has been said – be transmitted by a virus in early life, and the weary, grumpy cynicism that envelopes some of us with age may just be a reflection of our adjusting immune system – but we haven't proved that. We've answered some of the questions but you will be relieved to know – there are more questions than answers.

The case for happiness



Max Kammerling,
Consultant
in Public Health

Does a positive outlook on life make an actual difference to our health? Does it result in fewer infections, or lower the risk of heart problems? If we are happy, do we live longer? Can we benefit from the happiness of others? Intuitively, we might be inclined to answer ‘yes’ to these questions, but what is the evidence, and if happy people do live longer, healthier lives - why?

Happiness and health

There is increasing evidence showing the links between positive emotions, happiness and our state of health. A recent review by the Harvard School of Public Health summarised the issue, “A vast scientific literature has detailed how negative emotions harm the body. Serious, sustained stress or fear can alter biological systems in a way that, over time, adds up to wear and tear and, eventually, illnesses such as heart disease, stroke, and diabetes.”

In childhood, “toxic stress”, like neglect, poor living accommodation, violence, or living alone with a parent suffering severe mental illness can

affect the developing brain and other organ systems, which can lead to a faster heart rate, higher blood pressure and a rise in stress hormones. In adults, anxiety or depression increases the risk of dying in people with heart disease. Feelings of a lack of control over life may account for more than half the mortality risk for people of low social status. Research on social capital and inequality suggests that how people feel, including levels of trust, tolerance and participation may be critical in determining health.

It’s not just that there are damaging effects from low mood or adverse life events. A positive outlook

in itself may be helpful and lead to improved health. A study of nearly 8,000 men and women followed for five years showed that emotional vitality (a sense of enthusiasm, hopefulness, engagement in life, and emotional balance) and optimism were associated with a reduced risk of developing heart disease.

We know that long-term conditions such as heart attacks and diabetes are strongly related to our lifestyle choices; diet, smoking, exercise. But do people’s feeling of happiness - or otherwise - affect their ability to make healthy choices? Some evidence suggests this is the case. In obese patients, feelings of self-regulation are better predictors of whether or not a person will lose weight than simply measuring the calories expended. Adult smokers who don’t use cigarettes to help cope with emotional problems are more likely to give up successfully than those who do.

Research from the Harvard School of Public Health suggests that certain positive personal attributes - whether inborn or shaped by life’s circumstances - help some people avoid or better manage diseases such as heart attacks, strokes, diabetes, and depression.



At times life can be hard, and that can affect your perspective on everything. I sometimes consider cases where people seek medical help to cope with unhappiness, although the root cause of their worries may be other practical problems.

Edward White, former lay PCT Member and Associate Manager with the Sussex Partnership Trust.

THE PATH TO A HAPPIER, HEALTHIER LIFE

Adapted from Harvard School of Public Health



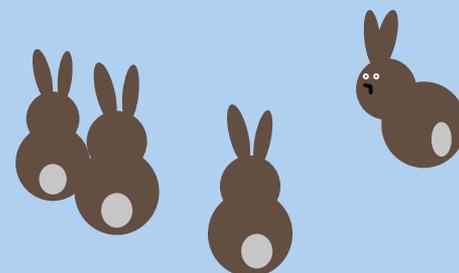
Emotional vitality
a sense of enthusiasm,
hopefulness and engagement

Optimism
the perspective that good things will happen, and that our actions can influence the good things that occur in life

Good self-regulation
bouncing back from stressful challenges and knowing that things will eventually look up again

Supportive networks of family and friends

Healthy behaviours
physical activity, eating well, and avoiding risky behaviours such as unsafe sex, drinking alcohol to excess, and over-eating



Nature or nurture?

The psychology literature suggests that psychological states such as happiness and optimism are forged by both nature and nurture. They are 40–50 percent heritable, which means some of us are born with the genetic predisposition to be happy, but everyone can increase their level of happiness. There are also certain key factors that can reduce happiness: unemployment, crime and marital breakdown.

Programmes to improve the home and community environment for children can help instil emotional and social competence, and confer long-term benefits in behaviour. Such programmes not only improve mental wellbeing but also lifetime physical resilience and future happiness.

Adults can benefit too. A long-term study of over 6,000 adults in California, followed over 35 years, has shown that education, income, having three or more close friends, and participation in social/religious/recreational groups are all associated with lower death rates. The rates of death were also significantly lower among people who said they never felt lonely. A lack of physical activity and depression may be important mediators in loneliness-mortality associations.

National policy

The toll of unhappiness goes far beyond poorer health for individuals. Population-wide, the cost of chronic diseases is enormous. A policy that reduced heart disease or diabetes by just one percent, by helping people feel strong enough to make healthy choices could save millions of pounds. There is a strong moral, wellbeing and economic case for making people happier.

The Office of National Statistics (ONS) has started to measure national wellbeing. The impetus for this work came from the Stiglitz Commission, created by the French Government in 2008, which examined how to

measure the progress of a nation without relying on the reductionist financial measure of Gross Domestic Product (GDP). The ONS has identified a number of themes that might contribute to a measure of national wellbeing (shown on page 6). There is an acknowledged overlap between some of them.

On the health front, there is a push to tackle some key wellbeing issues. The return of public health to local authorities brings with it greater opportunities to improve wellbeing by tackling lifestyle challenges and health inequalities. A national Mental Health Strategy has outlined the work required to improve mental wellbeing



I see every day that people who have a positive outlook can manage their health problems better, and bounce back from setbacks easier. It's very interesting to read the scientific evidence for this effect. If we can improve wellbeing, we could help people to cope with the health problems that life may bring.

Dr Naz Khan, GP at County Oak Medical Centre

at all ages, including factors outside the remit of health and social care, such as housing and employment. A Children and Young People's Health Outcomes Forum will monitor trends in the health and wellbeing of children over time.

The ONS survey work has already established that economically inactive people have lower levels of wellbeing than those in employment, and that even being under-employed is detrimental to wellbeing. Changes to the national benefits system are being introduced with the stated purpose of encouraging more people into work, with all the potential wellbeing effects that employment can bring. However, benefit changes such as the Universal Credit and Under-occupancy Rule could put some families under pressure and result in adverse consequences. The Public Health Directorate will be working with colleagues across the city council to assess the local impact of these changes, including their effects on wellbeing.

Local actions

Many local initiatives are already in place that will help improve wellbeing and happiness of the city's residents.

The Social and Emotional Aspects of Learning (SEAL) programme in schools promotes the development of social and emotional skills that underpin positive behaviour, attendance and achievement. Another school programme – the Family and Schools Together programme (FAST) helps build protective factors and enhance children's resilience. The Family Intervention Project is a new initiative working with the city's most vulnerable families to coordinate care and build their resilience.

One Planet Living seeks to ensure that everyone in Brighton & Hove can lead happy and healthy lives, with an emphasis on working together, using community assets and designing services with physical and mental wellbeing in mind, as well as using only a fair share of the earth's resources.

Jason Kitcat, leader for the city council, talks more about this on page seven.

CONTRIBUTORS TO A MEASURE OF NATIONAL WELLBEING

Office for National Statistics (ONS)



Material living standards, including the national economy

Education and skills

Work, not just employment but the quality of peoples working lives

Leisure time

Individual relationships

Subjective wellbeing (emotions, life satisfaction and sense of meaning and purpose)

Health

The local environment

Governance – trust in our elected representatives.



There is no Jewish concept of the individual's 'pursuit of happiness'. The key Jewish word is simchah, meaning 'joy'. Joy is experienced in moments and in particular times; principally those moments and times shared with others - with family and friends and with the community.

People in their 80s – and even 90s – continue to share in the life of the synagogue and in community activities. Celebrating together with others has the effect of enabling people to experience better health and to live longer because they feel "happier", have a sense of personal worth and well-being, and feel positive about their lives.

Rabbi Elizabeth Tikvah Sarah, Brighton & Hove Progressive Synagogue



Jason Kitcat,
 Convenor of the Green
 Group of councillors,
 Brighton & Hove City Council

One Planet Living

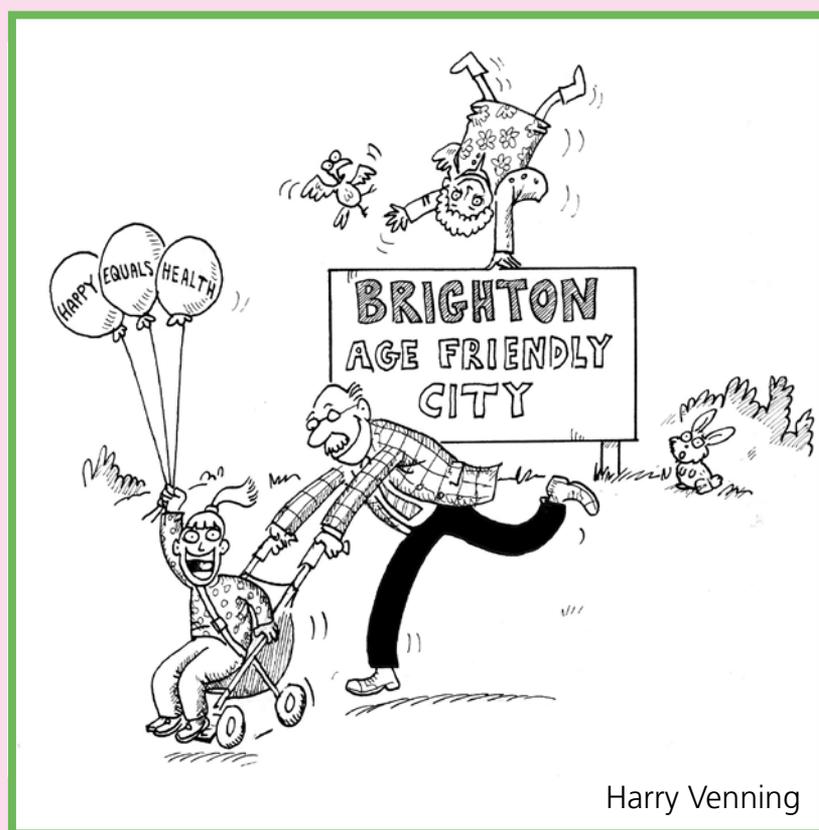
In recent years books such as Richard Layard's *Happiness* and *The Spirit Level* by Richard Wilkinson and Kate Pickett, have pointed to the need for a shift in how we view happiness. These authors provide clear evidence for what many have instinctively known for years: that happiness is a critical measure of policy success.

According to the Office for National Statistics figures, the overwhelming majority of Brighton & Hove residents are happy, satisfied and feel their life is worthwhile. However, the city also has higher than average mental health needs and persistent health inequalities, which clearly affect wellbeing. So how do we, as local politicians, improve happiness and wellbeing?

The council's WWF/BioRegional 'One Planet Living' framework is a set of ten principles to help guide our work in addressing environmental, social and economic sustainability. One of these principles is "health and happiness", and we recently agreed an action plan that outlined exactly how we are going to do this.

For example, cities that are more walkable and bikeable are happier and healthier. So we plan to increase the number of children and young people actively travelling to and from school. We're also working towards World Health Organisation 'Age Friendly City' status.

There are lots of opportunities to boost wellbeing in our schools, homes, places of work and neighbourhoods. In Brighton & Hove we want to lead by example – because the long-term benefits to our residents are worth fighting for.

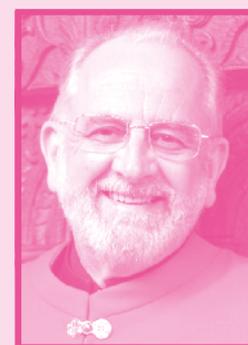


Harry Venning

Being an active member of a church, synagogue, mosque or temple gives people a sense of community, helping them to feel involved and worthwhile. Having something to belong to, something to believe in, something to do together and something to hope for, make an essential contribution to an overall sense of happiness and well-being.



Health and happiness



Canon Robin Protheroe,
 retired Church of England
 educationalist.



Geraldine Hoban
Chief Operating
Officer, Brighton
& Hove Clinical
Commissioning Group

Commissioning for Health and Happiness

Geraldine Hoban is Chief Operating Officer for the newly established Brighton & Hove Clinical Commissioning Group. She and her clinical colleagues are determined that health commissioning is going to be different from what has gone before. Here, she outlines some of their plans to improve the health and happiness of the local population.

From 1 April 2013, local GPs across Brighton & Hove - working together under a new organisation called the Clinical Commissioning Group (CCG) - took over the planning and funding of most local health services in the city.

GPs are well placed to understand the broader context of people's needs. So, rather than simply focus on clinical problems, we aim to commission services with the whole person in mind.

Unfortunately, there isn't one single service that we can commission to make the people of Brighton & Hove happier. However, we are determined to take a much broader view that looks at physical and mental health, social capital, and community resilience. That's how we intend to commission services and that's how we will make a positive contribution to health and happiness in Brighton & Hove.

A SELECTION OF 5 OF OUR COMMISSIONING INTENTIONS AND HOW WE PLAN TO MAKE SURE THEY ARE HOLISTIC

- **Commission support services that enable people with long-term physical or mental health needs to lead fuller lives.**
Our recently restructured wellbeing service for people with mild to moderate anxiety or depression has support services such as back to work and training advice.
- **Enable people with long-term health needs to have greater choice and control over the care and services they receive.**
There is evidence that allowing some patients to hold their own health budget, and decide for themselves the support services they require can improve care. Last year we took part in a national personal health budget pilot, and from April 2014 all patients with a continuing health need will be offered the option of holding their own health budget.
- **Recognise that physical and mental health needs are not separate entities, but must be integrated in commissioning plans.**
This year we are reviewing specific service areas such as diabetic care and musculoskeletal services and increasing the level of psycho-social support available.
- **Ensure that the patient experience is at the forefront and that the quality of care is the best.**
Patient representatives now sit alongside GPs, Practice Nurses and Practice Managers on our three Locality groups and on our Governing Body. Patient feedback is now a routine part of service monitoring. We are checking the results of national and local patient surveys and there is regular reporting of "NHS Friends and Family Test" compliance to make sure that service quality remains high.
- **Commission services in a sustainable way which builds social capital.**
We are not looking for the cheapest health services; we want to work with service providers who are interested in building resilience and social capital in the city. So we increasingly require statutory providers to bid in partnership with each other and with the Third Sector, so that we can secure an integrated and holistic service.

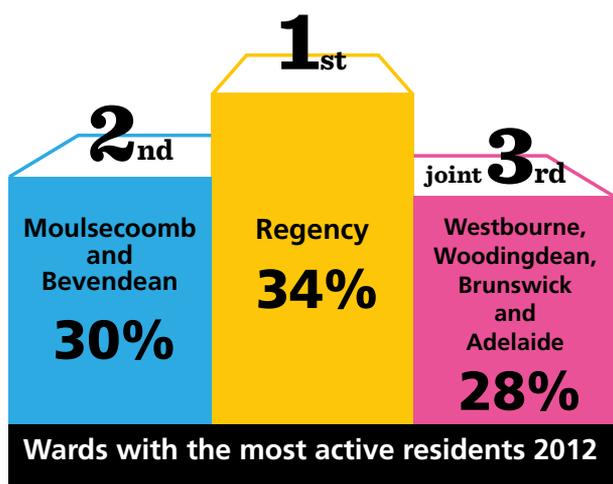
Bouncing Brighton



It might be tempting in Brighton & Hove to give ourselves a moderate to vigorous pat on the back when it comes to being physically active, but is it deserved?

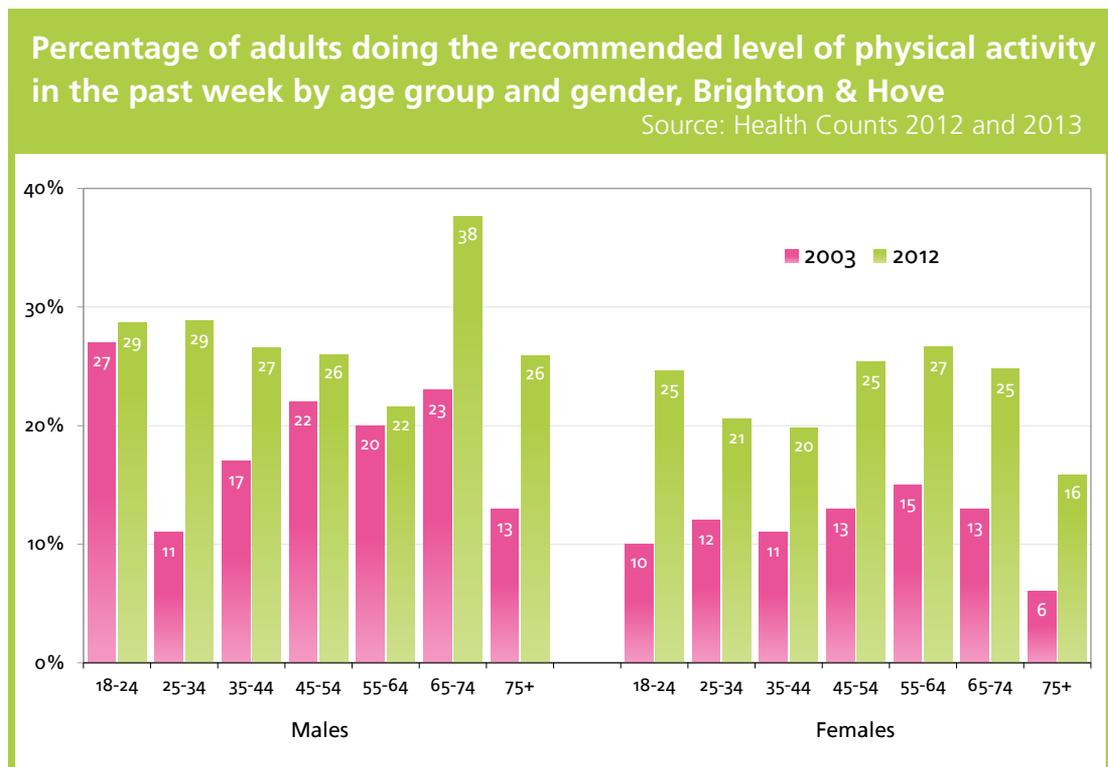
David Brindley,
Health Promotion Specialist

After all, the Health Counts survey shows that the proportion of adults meeting recommended levels of physical activity per week has increased from 15% in 2003 to 24% in 2012. However, this still means that three quarters are not taking enough exercise. In fact, one in five of our population say that they do no physical activity at all. At least it's a step in the right direction. Across the city, just two out of twenty-one electoral wards show of a measurable decrease over the last 10 years in the proportion of people achieving recommended levels of activity – Queen's Park and Patcham. The wards now with the highest levels of physical activity are: Regency (first), Moulsecoomb and Bevendean (joint second) and Westbourne, Woodingdean, Brunswick and Adelaide (joint third).



Who is exercising?

In Brighton & Hove, four key factors are associated with taking exercise: age, gender, employment and free time. Physical activity also



varies by ethnic group; with lower rates in Asian or Asian British and Black or Black British respondents (the latter significantly lower since 2003). Women's activity levels have increased significantly; in most cases almost doubling, and, in the 18 – 24 year age group, increasing threefold. The gender gap however, still exists in all age groups (apart from those aged 55 – 64 years) with men taking more exercise than women. This is particularly evident for Muslim women: whilst the sample is small, 14 out of the 15 female Muslim respondents did not meet the recommended levels of physical activity, much higher than for male Muslim respondents (21% meeting recommended levels). See page 20 for more analysis.

Make a stand - get active and rediscover your city

Even as little as 15 minutes exercise a day can make a big difference to your health - now that's music to our ears.

For more information visit www.nhs.uk



Dr Jim Graham and Dr Helen Graham at 2013 Brighton Marathon.

Helen took 58 mins off her 2012 Brighton Marathon time, to finish in 3:48 (2 mins inside the standard needed to qualify for a good-for-age place for London Marathon 2014).

Perhaps surprisingly, the group doing best of all are those in early retirement. This may reflect the opportunities for more time to be active while people are still very fit - as well as the popular opportunities that the city offers such as Healthwalks. It could also of course reflect a relative lack of time, or at least perceived lack of time available to those of working age.

Certainly, participation levels drop off after the age of around 25 years - when people start getting full time jobs and having families. However, although two-thirds of those who want to exercise more say that lack of time is their main problem, men in full-time employment, even those with sedentary jobs, are likely to be significantly more physically active than men not in employment. Although some of those not in work will be physically unwell, by contrast, women in full-time sedentary jobs are significantly less active than women who are not in employment.

But will it make me happy?

It is well established that exercise can lower the risks of serious health conditions, such as type II diabetes, high blood pressure and coronary heart disease, however it can also

increase our chances of being happier. The published evidence shows that emotional wellbeing and feeling happy are associated with being physically active. The converse is also true; people who become inactive are at increased risk of being unhappy. Local findings support this. The Health Counts survey showed that people who were more active were also less likely to have felt depressed or sad in the previous two years, and they perceived themselves as more happy compared to those who were less active.

So how do I go about it?

National guidance recommends that in an average week we should be moderately active for at least 150 minutes, including two sessions of strength training. However, evidence shows that as little as 15 minutes physical activity per day can substantially reduce mortality – and remember it will make us happier too.

A simple way to build activity into our working day is to introduce 'active travel' into the daily commute,

walking and cycling for example. Walking is ideal for people of all ages. It is already a popular choice in Brighton & Hove with 62% of residents taking at least a 10 minute walk on 5 - 7 days of the week, and only 9% reporting no walking in the past seven days, compared to 17% of respondents who cycle regularly. Having good social support from those people closest to you helps to maintain increased physical activity levels.

There are some messages for the city authorities to think on too. In the past most effort has gone into encouraging exercise and activity in schoolchildren and older people - it's clear from the Health Counts survey that we also need an approach that supports people of working age more. We already have a great wellbeing programme for businesses to get their staff more active, but we need more customers. The city is doing well by improving the cycling network, we also need to make sure that travelling by foot - which is even cheaper - is easy, safe and more fun.

Prescription for happiness through activity

WHY

- * Exercise improves health and lowers the risk of disease; it also releases endorphins that can make us feel happy.
- Exercise can boost our confidence and self-esteem.
- Exercise can be fun, sociable and contribute to a more sustainable environment.

WHERE DO I START?

- Try a brisk 10-minute walk twice a day to the office or school gates.
- Use the stairs instead of the escalators, walk to the local shop rather than taking the car and do some stretches when watching TV. Every little counts.
- Do the housework with vigour.
- Only join a club or class that you think you will enjoy - keep it fun.

HOW DO I STAY MOTIVATED?

- Celebrate your progress - keep an exercise diary.
- Increase your activity gradually - small improvements are easier to maintain and will give you regular feelings of success.
- Set monthly goals or targets - but keep them achievable.
- Change things around to avoid boredom - don't be afraid to try new activities.

THE SPORTS WORKING GROUP

The Sports Working Group (SWG) was set up by the Partnership Community Safety Team in response to research conducted into the needs and priorities of local Muslim communities.

The SWG includes 20 minority groups (largely Muslim), and the city council Sports Development and Sports Facilities teams.

Muslim women identified participating in physical activities as a priority and noted a lack of appropriate culture and faith sensitive facilities; including limited access to appropriate swimming sessions in the public pools in the city.

The Active for Life team agreed to deliver two six weeks swimming courses for Muslim women.

The council sports teams have also reviewed existing leisure facilities and dress policies to assess their suitability for Muslim women's swimming and sports needs, including funding Brighton Swim Centre to install blinds and ensure that a women-only space is maintained for swim sessions.



The first swim course took place in April 2013 with 30 women and 5 children, a further 16 women on the waiting list, and a further 50 having expressed an interest in swimming generally.

I have really enjoyed the new swimming sessions so much. I look forward to them all week as it's my only activity outside the house; it's a social thing. It's 14 years since I last swam so I have waited a long time for this.

I am in remission from cancer at the moment and also suffer from osteo-arthritis. This is the only exercise I can do as the water supports my weight. The swimming helps me deal with my illness – I'm doing my part!

We need a female only environment to swim so this is definitely great for us.

**Members
of the SWG**

We are all loving the swimming so much in so many ways – we have worked hard to make this happen and with the support of the council it is now happening. We hope to have swimming lessons too as this will help us all.

Its great for the women to mix and the atmosphere is fantastic.

Depression



Clare Mitchison
Public Health
Specialist

Depression is a common and disabling problem. The National Institute for Health & Care Excellence (NICE) estimates that 11% of people aged 16 - 74 yrs suffer from depression, or mixed depression and anxiety at any one time. Around half of all adults will experience at least one episode of depression during their lifetime. One in ten new mothers will experience postnatal depression.

Depression in Brighton & Hove

GP patient registers show a higher prevalence of depression in Brighton & Hove; 13% compared to 12% across England. These registers however, include only those aged 18 years or more who have consulted their GP and they exclude postnatal depression.

The Health Counts survey used a validated set of screening questions for depression. Of the 1,991 residents who completed these questions, 38% were identified as at higher risk. This doesn't mean that 38% of our residents are clinically depressed, but it does suggest that over a third of adults in Brighton & Hove may be vulnerable to the condition.

There doesn't seem to have been much change over the last decade in the proportion of people experiencing significant periods (two or more weeks) of sadness: in 2012 it was 38%, the same as in the 2003 Health Counts survey.

National evidence shows that women are more likely to suffer from depression: (1.5 to 2.5 times more likely than men). The risk also rises in old age: some studies have suggested that up to 40% of people aged over 85 years may be depressed. Risk factors include physical illness, bereavement, living in a care home and isolation.



In Brighton & Hove, evidence from the Health Counts survey suggests a more balanced distribution of risk between the genders, though women are still significantly more at risk of depression than men, and younger people have a higher risk than would be expected from national data.

Reducing the risk

A wealth of research shows that people are more likely to be depressed if they live alone, are unemployed, are less educated, more deprived, have moved three or more times in the last two years, rent housing from their local authority or a housing association, and/or live in an urban environment. All of

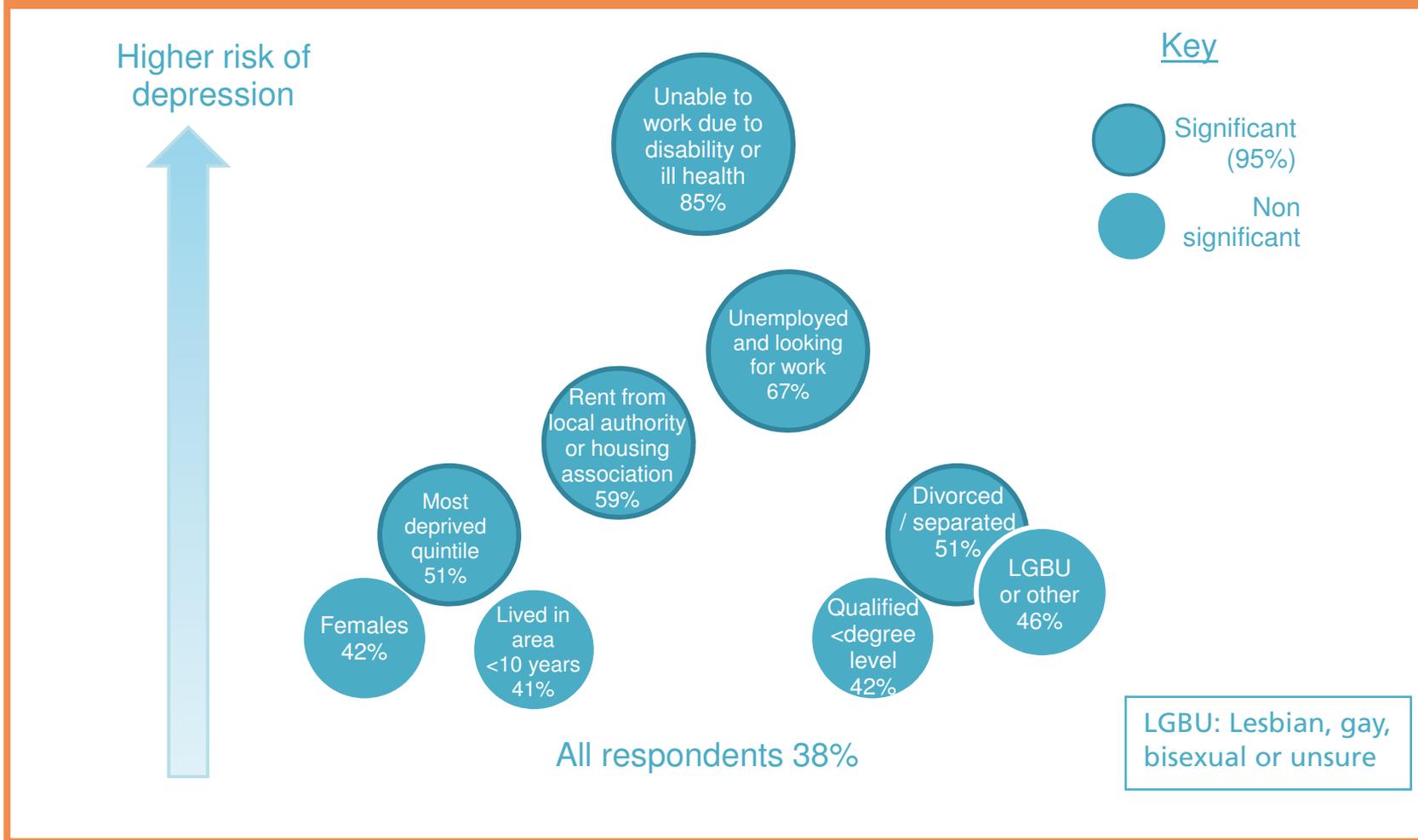
these risk factors were associated with a higher risk of depression in the local Health Counts survey, particularly being out of work.*

The economic downturn, with increasing food and fuel prices and changes to the benefits system, is likely to increase financial stress on individuals and families with associated effects on mental health. The council has pulled together a financial inclusion strategy to minimise the risks, and the public health team is undertaking a piece of work to look at the wider impact of benefits changes on local people.

National surveys suggest that Black or Black British and Mixed

Risk factors for depression in Brighton & Hove

Source: Health Counts 2012



ethnic groups, and lesbian, gay and bisexual people are more likely to experience anxiety and depression; having a faith seems to be protective overall. In Brighton & Hove, some of the other factors associated with an increased vulnerability to depression are based on smallish numbers, but they merit further consideration. In the Health Counts survey people of Mixed ethnicity, bisexual people and Muslims all had a significantly higher risk of vulnerability to depression. This is consistent with findings on happiness and subjective wellbeing discussed in other parts of this report.

Identifying and treating clinical depression will always be essential, but there may be groups of people in the city who are more vulnerable. Preventive and treatment services should take this into account. The city's Health and Wellbeing Strategy has five priorities, one of which is emotional health and wellbeing. This is an opportunity to address these inequalities and strengthen the resilience of our more vulnerable groups.

“Learning to be happy with me”

A conversation with ‘CB’

CB, a young man from East Brighton with experience of depression and obsessive compulsive disorder (OCD), talked about what helped him to turn the corner to recovery.

He said that ‘Learning to be happy with me’ was the key. This was helped by positive expectations from a social worker, a good experience of learning at the Alternative Centre for Education, followed by an access course and a place at Sussex University. At university, he made new friends and found a partner, who supported him in moving on from the drink and drugs. Learning more about mental illness, gaining confidence, and a referral to talking therapy also helped.

Eating well, losing weight and getting active using online plans for exercises at home, calorie counters and recipes were all important. He replaced the processed food he’d grown up eating with more fruit and veg and home cooked meals, and felt good about treating himself well.

Five Ways

The factors that are known to support emotional wellbeing have been distilled by the New Economics Foundation into 'Five Ways' – five simple, memorable messages – based on research about what helps to maintain positive mental health. This has not gone unrecognised in Brighton & Hove and there are many local projects that do just that.

THE NEW ECONOMICS FOUNDATION 'FIVE WAYS' TO POSITIVE MENTAL HEALTH

1 Connect

2 Be active

3 Take notice

4 Keep learning

5 Give

PING YOUR CITY initiative



HANGLETON & KNOLL project



1. Connect

Link up with the people around you; with family, friends, colleagues and neighbours; at home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

The **Hangleton and Knoll project** is a neighbourhood community development project. The project works for the community, with the

community and is managed by the community. This year, they worked with the local community to organise activities such as yoga, and swimming for the multi-cultural women's group.

2. Be active

Go for a walk or run; step outside. Find an activity that suits your fitness and exercise in a way that makes you feel good – cycle, play a game, garden, dance.

The successful **Ping your City** initiative provided a great opportunity to encourage people of all ages and abilities to get active and meet new people. There were 38 free, easily accessible ping pong tables, with bats and balls, set up in locations with a high footfall such as Jubilee Square, Churchill Square Shopping Centre, Brighton Seafront, the Level and the Marina.

Social Ping sessions are now targeting

older people in social housing and community settings with the aim of promoting physiological and social benefits through gentle exercise.

I have only recently spotted and used the outdoor table tennis table at Preston Park and really wanted to congratulate someone on an inspired idea

Local resident

Grow enables people to explore and enjoy the glorious Sussex countryside around us. www.growingwellbeing.org.uk



3. Take notice

Be curious, notice the beautiful and the unusual. Watch the seasons change. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Reflecting on your experiences will help you appreciate what matters to you.

Grow is a local project which uses green spaces to improve wellbeing for people experiencing mental health difficulties, offering a wide variety of outdoor activities within a safe, supportive group. These activities encourage a connection with nature, with other people and an appreciation of the natural beauty around us. Grow Works in partnership with Mind in Brighton & Hove, The National Trust at Suddlescombe Farm, and links with other outdoor projects.

4. Keep learning

Try something new or rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

The **Community Learning Team** provides short informal courses and friendly advice and support for adults thinking of learning new skills. All courses are free and childcare is often provided. For more information call 01273 294287.

5. Give

Do something nice for a friend, or even a stranger. Smile, thank someone. Volunteer your time, join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community is incredibly rewarding and creates connections with the people around you.

RIGHT HERE

Right Here is a partnership between Sussex Central YMCA, Mind in Brighton & Hove, the city council and the NHS, which offers young people opportunities to volunteer, as well as a range of activities and support related to mental health. Volunteers (aged 16-25) co-design and co-deliver the project, making key decisions. The group has made a short film about consulting a GP on mental health issues as a young person. There is an online map of support services for young people in the city at: <http://www.wheretogofor.co.uk/>

For more information <http://www.right-here-brightonandhove.org.uk>



Right Here



IMPROVING PEOPLE'S MENTAL HEALTH BY IMPROVING CITY LIFE

Improving the context in which people live can improve their mental health, as shown by some of the research-based examples below. Addressing these issues can help to improve wellbeing, even if cause and effect are interwoven, for example mental illness is likely to make people more vulnerable to homelessness, and being homeless may be a contributory cause of mental ill-health. There is strong support for improving mental health and wellbeing in the city,

both from a range of voluntary organisations, and from statutory organisations including the NHS and the city council. New opportunities for addressing the wider determinants of mental health, which support the transfer of public health responsibilities into local authorities. Some examples are shown below, taken from the Mental Wellbeing Impact Assessment (MWIA), produced by the MWIA Collaborative in May 2011.

THE FACTOR

Environment, development and housing



RESEARCH EVIDENCE SHOWS

People living with a high level of street 'incivilities' such as rubbish, noise and graffiti are twice as likely to report anxiety and 1.8 times more likely to report depression.

More amenities and fewer 'incivilities' are associated with 32% lower rates of anti-depressant prescriptions after controlling for socio-economic status.

Crowded, poorly maintained or damp housing are all associated with a higher risk of depression.

Homeless people experience 40 – 50% higher levels of mental health problems than the general population.

Lack of places to stop and chat, recreation facilities and green spaces are associated with a higher risk of depression.

Populations exposed to the most green space (parks, woodland etc) show significant reductions in anxiety and depression compared to those in the least green environments, after controlling for deprivation.

POSSIBLE ACTIONS

Maintain/improve environment in residential streets.



"Decent homes for all."

Mitigate possible increase in numbers of homeless following changes to benefits system.

Neighbourhood regeneration, access to green spaces.



Community safety



Improved housing has an impact on perceived safety as well as actual crime.

Neighbourhood disorder such as vandalism, and a high perceived threat from crime is associated with poor mental health.

Address concerns about safety as well as neighbourhood crime.

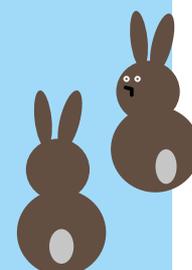
Planning

Residents on busy streets have less than one quarter of the local friends of those living on similar streets with little traffic. Streets with little traffic have three times the number of 'gathering spots'.

People living in walkable, mixed use neighbourhoods are more likely to know their neighbours, participate politically and trust others than people living in car-oriented suburbs.

Reduce traffic on residential streets.

Reduce car-dependence and increase pedestrian-friendly streets.



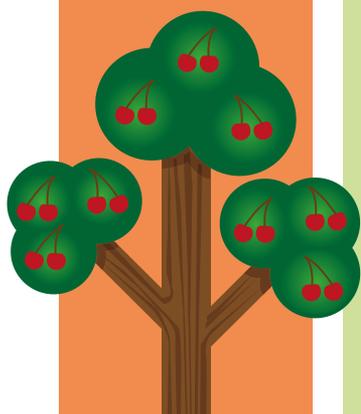
Communities

Social participation is strongly associated with good mental health. Having less than four close relatives or friends predicts future probability of common mental health disorders. Life satisfaction is linked with commitment to family, friends, social and political involvement.

Volunteering or engagement in schemes such as timebanking or social prescribing (such as arts on prescription) have also been shown to improve wellbeing.

Evaluations from the New Deal for Community areas demonstrated benefits with increased social capital, quality of life, mental wellbeing and improved feelings about the 'neighbourhood'.

A good diet protects against depression and high consumption of processed foods is associated with a higher risk of depression.



Strengthen neighbourhood and community networks and provide opportunities for social engagement, volunteering and cultural participation.



Maximise the opportunities for those most at risk to buy affordable healthy food.



Support breakfast provision at schools.

Support opportunities for lifelong learning especially for those with risk factors for mental ill health.

Education

Low educational attainment is a lifelong risk for common mental health problems, with a 50% reduction in risk of depression for those with the highest qualifications; the effect is particularly strong for women.

Better daily and long-term academic performance in children who eat breakfast.

Lifelong (adult) learning enhances self-esteem and social interaction.



Enable participation in arts, leisure and physical activities by those most at risk of poor emotional health.

Arts & Leisure

Participation in arts improves wellbeing, health and can support recovery from mental ill-health.

Regular physical activity is associated with lower rates of depression and anxiety across all age groups and also enhances emotional wellbeing.

Financial inclusion

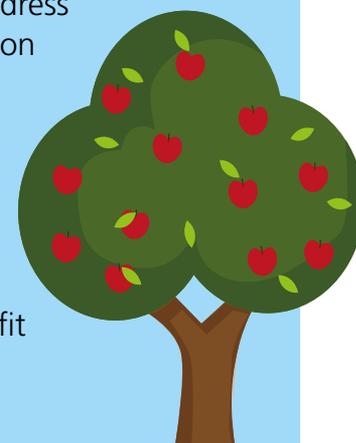
While cause and effect may be entangled, people in lowest income quintile have a threefold risk of mental illness; debt is associated with a threefold risk of common mental illnesses and a fourfold risk of psychosis.

Improving financial capability reduces the risk of anxiety and depression by 15%.



Continue to address financial inclusion and develop financial management skills.

Access to local effects of benefit changes



Self-harm

Clare Mitchison

Self-harming behaviour may be due to low self-esteem or depression, or it may be a way of coping with traumatic events. It is something that is often more of a worry to parents, teachers, GPs and young people than other problems such as unsafe sex or drug misuse.

Worrying figures

It is difficult to say how common self-harm is, as many people never report it. The National Institute for Health and Care Excellence (NICE) estimates that 5% of the UK population have self-harmed but rates in Brighton & Hove seem to be higher. One in ten adults (aged 18 or over) in the Health Counts survey reported that they had previously deliberately self-harmed. This is supported by local hospital data: the hospital admission rate for self-harm in Brighton & Hove is 50% higher than it is for England.

Increasing trends

Furthermore, rates are rising. The number of young people under 18 admitted to the Royal Alexandra Children's Hospital following self-harm increased from 65 in 2009 to 121 in 2012. It is a similar picture for adults. The number of residents aged 18 or over attending A&E because of self-harm rose from 1,278 in 2005/6 to 1,754 in 2011/12, a 37% increase. The increase over the past six years has been greater for girls and women than for boys and men: a 42% increase for females and 32% for males. Hospital attendance and admission rates are higher in younger people.

These findings are confirmed by the 2012 Health Counts survey: women were more likely than men to report self-harm (63% were female) and young people were more likely to do so than adults. This is in keeping with the national pattern.

HELPING THOSE WHO SELF-HARM

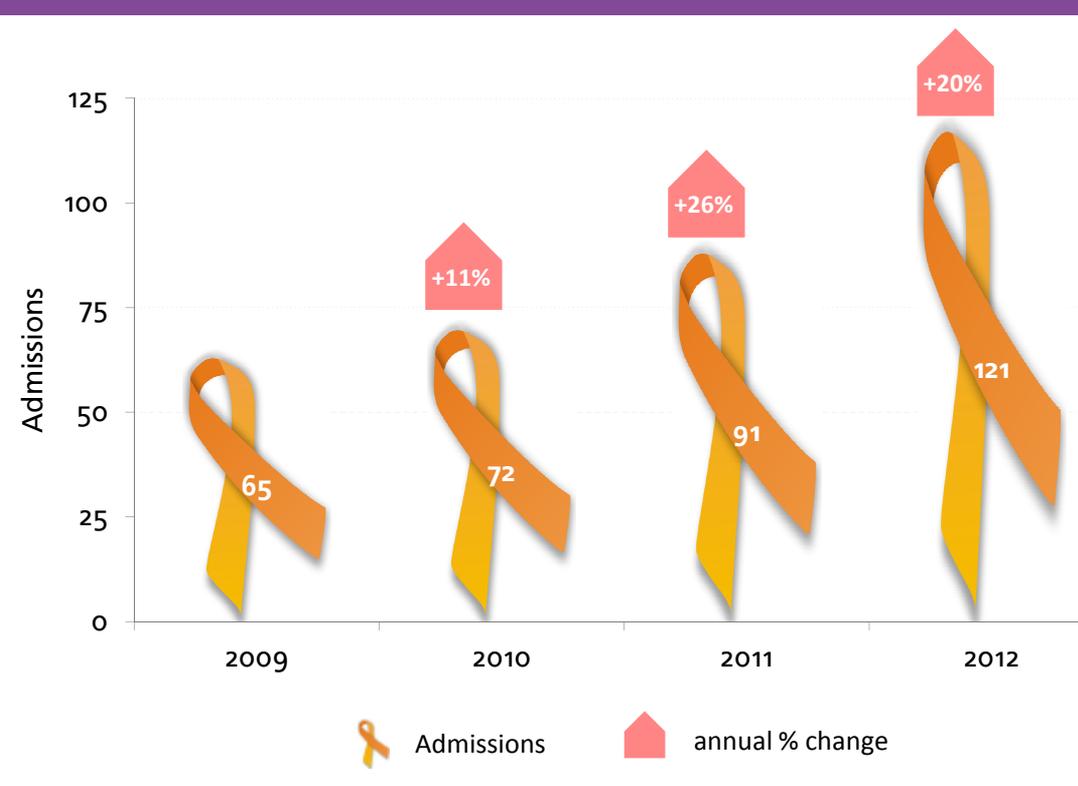
NICE National Institute for Health and Care Excellence

NICE recommendations for helping people who persistently self-harm include:

- Professionals should develop trusting, supportive and engaging relationships;
- Undertake a psychosocial assessment of needs, including coping strategies and family support;
- Undertake a risk assessment including suicide risk, risk of further harm, and safeguarding issues;
- Establish an agreed and regularly reviewed care plan.

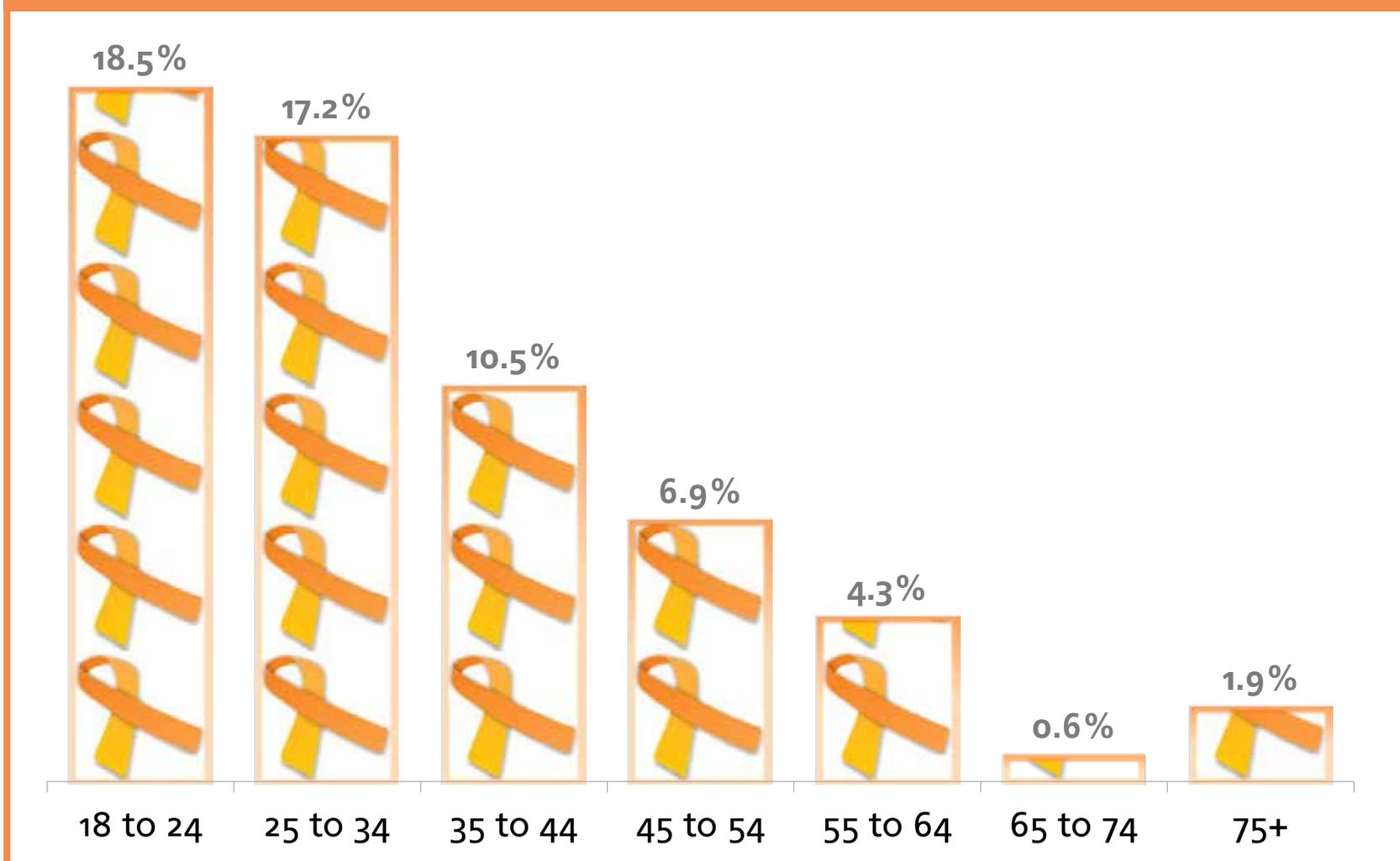
A Brighton & Hove LINK report in 2012 suggested that people who attended A&E with self-harm did not always have a positive experience. A new mental health crisis service started in January 2013. The 'BURS' service (Brighton Urgent Response Service) offers one 24-hour 'mental health crisis' contact point for GPs, health staff and carers. There is now

Annual number of admissions to the Royal Alexandra Children's Hospital due to self-harm 2009 – 2012 Source: Hospital Episode Statistics



Percentage in each age group reporting having ever self-harmed (but not with the intention of suicide).

Source: Health Counts 2012



a dedicated area where patients can be assessed by a mental health professional much more quickly than previously. Improved information is also available for self-harm patients. In addition, an ongoing programme of training has been implemented for Emergency Department staff to improve their understanding of self-harm.

Of course, in the long-term, prevention is the key. Helping vulnerable younger people to feel better about themselves is the best way to reduce these high rates. A multi-agency strategy group for reducing self-harm has now been established. Support from local voluntary organisations is strong: training about self-harm is available for frontline professionals such as teachers and a range of excellent projects aimed at improving mental wellbeing are provided for many communities and young people, including lesbian, gay, bisexual and transgender residents and women who live in more deprived areas.

The Safe and Well at School Survey now includes a wider set of questions about mental health, including self harm. Focus groups are also being held in sixth form colleges, to explore awareness and understanding of self-harm issues.



Personal happiness and general well-being are hugely important in enabling all of us to make the most of our lives, achieve our goals and contribute in positive way to our local communities. Sadly, mental illnesses such as depression and anxiety are all too common in today's society and tackling these should be one of the top priorities for the council in its new Public Health role.

Geoffrey Theobald, Leader of the Conservative Group and Ward Councillor for Patcham



Dr Becky Jarvis,
Brighton & Hove GP

I Can't Prescribe Happiness

As a GP I can't stop people from feeling unhappy, and I can't prescribe happiness, but I can treat clinical depression and help give some people a chance of being happy.

Clinical depression is not simply unhappiness; as well as feeling wretched and miserable inside there are a whole load of other unpleasant symptoms. You can't concentrate, even on favourite TV programmes or books; thoughts constantly return to how worthless and pointless life is. You can't sleep, or you sleep all the time and still feel exhausted. Your appetite goes and you have to force yourself to eat, or you find yourself gorging in an effort to fill an empty hole inside. A dark cloud envelopes you, and death seems to be a better alternative than living through torture. The good things in your life become meaningless and you can't believe in happiness, let alone remember what it felt like.

GPs can help, with listening, with talking therapies, with advice on self-help and where required, antidepressants.



In time, these treatments regulate your sleep, improve your energy levels, reduce anxiety and panic, and give you back your appetite. As symptoms improve and you talk through your problems, you start to hope that things might be different. You find more energy to do the things that you know might help like exercising, eating properly and socialising.

Then one day, you might be sitting on the beach and you feel the sun on your face, perhaps someone smiles as you walk past, you see a dog scampering on the shore or you taste an ice cream, and you catch the edge of a feeling you had forgotten. Maybe for a second, or a minute, but you feel a warmth inside - the undeniable sensation of happiness.

This didn't come from a doctor, or therapist, or friend, or from a pill, but together they were the rescue package that helped you to move on from regrets about the past and fears about the future to live in that moment - of happiness.





Paula Murray,
Assistant Chief
Executive

Paula Murray, assistant chief executive and the person who heads up the city's arts and culture, understands very well their relationship to happiness and wellbeing. Here she describes some work in Brighton & Hove which will help make us all that little bit happier.

If we want to improve feelings of wellbeing, with all the implications that this has for long-term good health, then we have to look further than the usual suspects, like the NHS. We need to look laterally and to think creatively - and where better than the arts?

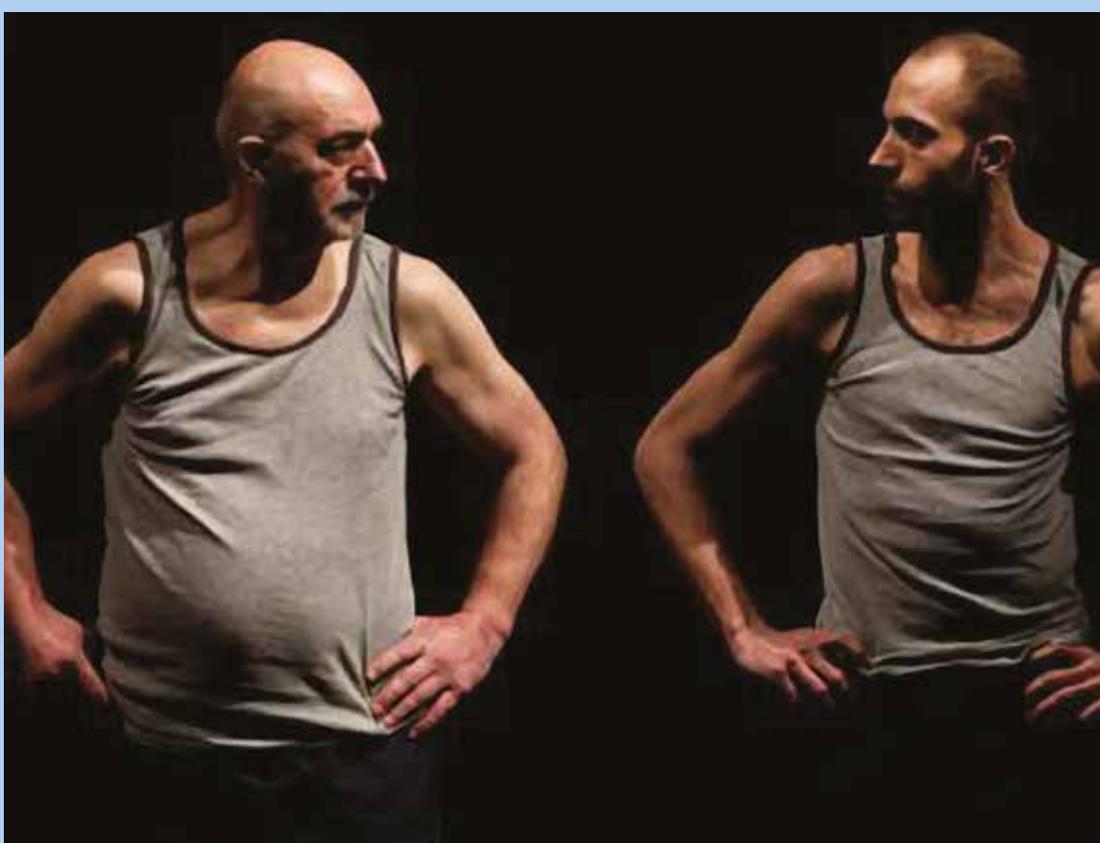
There is a long tradition of arts and health in Brighton & Hove, hardly surprising in a city jam-packed with creative thinking. Arts and culture have a very particular role to play in improving public health. There is strong evidence for the positive effect of the arts in healthcare environments, on both patients and staff. The arts can humanise a clinical environment, even shorten patient stays, sooth

complaints and reduce vandalism. It's good news then that a major programme of artworks is planned as part of the ongoing development at Brighton and Sussex University Hospitals NHS Trust.

Culture is also a rich source of opportunities for active participation and volunteering. Threescore Dance Company is a recent initiative established by South East Dance for performers aged over 60. The programme has proved very popular; improving the health, wellbeing and self-confidence of those taking part. The public performances have been both engaging in their own right as well as challenging our stereotypes about age.



Carved wood mirror
made by local artist Walter Bailey



Threescore Dance Company
Photo: Cinzia Camela

A very recent development in the field of Arts and Health in the city is SICK! This is an annual, international, cross-art form festival that seeks out new ways of talking about sickness and wellbeing in all its guises: physical, mental, ethical and social. It is also about how our bodies, minds and surroundings can act against us and how we can take back control. SICK!, which took place very successfully in March 2013 for the first time, brought together artists, medical practitioners and people for whom sickness and wellbeing are urgent, present realities. Building on this success another festival is planned for 2014.





Wellbeing in Brighton & Hove



Terry Blair-Stevens, Public Health Specialist

life satisfaction, feeling worthwhile, anxieties, social capital, happiness...

Subjective wellbeing is a broad concept covering many feelings and emotions. These include satisfaction with life, a sense - or not - of feeling worthwhile, levels of anxiety and day-to-day happiness. The component parts of wellbeing are in turn influenced by other factors such as life events, personal resilience and how we function socially. Social functioning is a reflection of our participation in available social networks, sometimes referred to as 'social capital'.

The terminology can be confusing, and the discussion can feel a little circular but in short, there are many factors that influence our wellbeing and they are all connected. Furthermore, we can't experience wellbeing to its fullest without some help from other people - social capital. 'Subjective wellbeing' is then 'democratic', it is not just dependent upon our own capabilities. Nor is there a straightforward correlation with socioeconomic status. Despite what we might tell ourselves when we buy that lottery ticket - material wealth does not make us truly happy.

Social capital

Social capital correlates very strongly with subjective wellbeing. People who have close friendships, good neighbours and supportive co-workers are less likely to experience low self-esteem, sadness, loneliness, and - as a consequence - health problems.

Social capital has been described by the World Bank as "the institutions, relationships, and norms that shape



the quality and quantity of a society's social interactions. It is like the glue that binds communities together.

The Public Health Annual Report of 2010, which focused on resilience, showed how higher levels of social capital in Brighton & Hove were associated with lower levels of ill health including premature death. There is considerable published evidence to back this up, and to show that a widening gap between rich and poor lowers levels of trust, reducing social capital and resulting in poorer health across society.

The Brighton & Hove picture

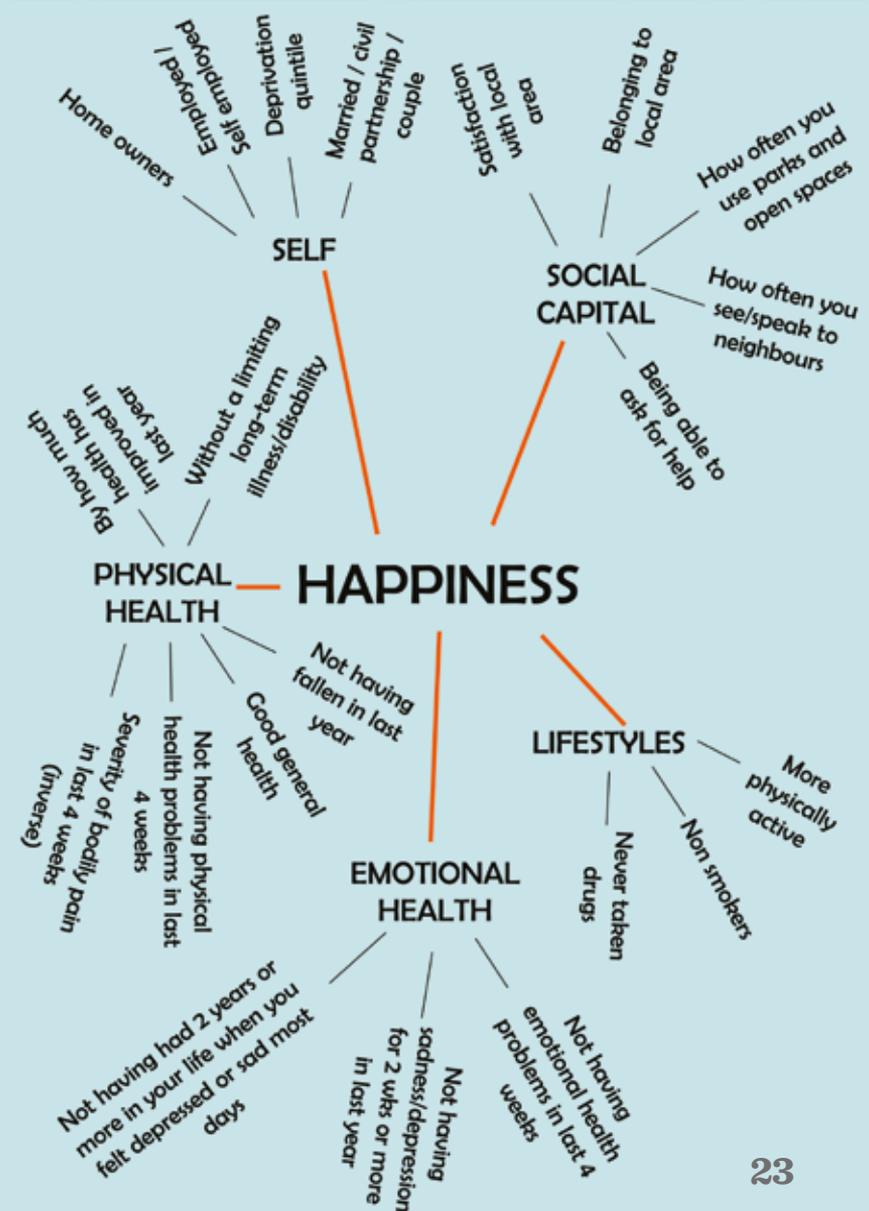
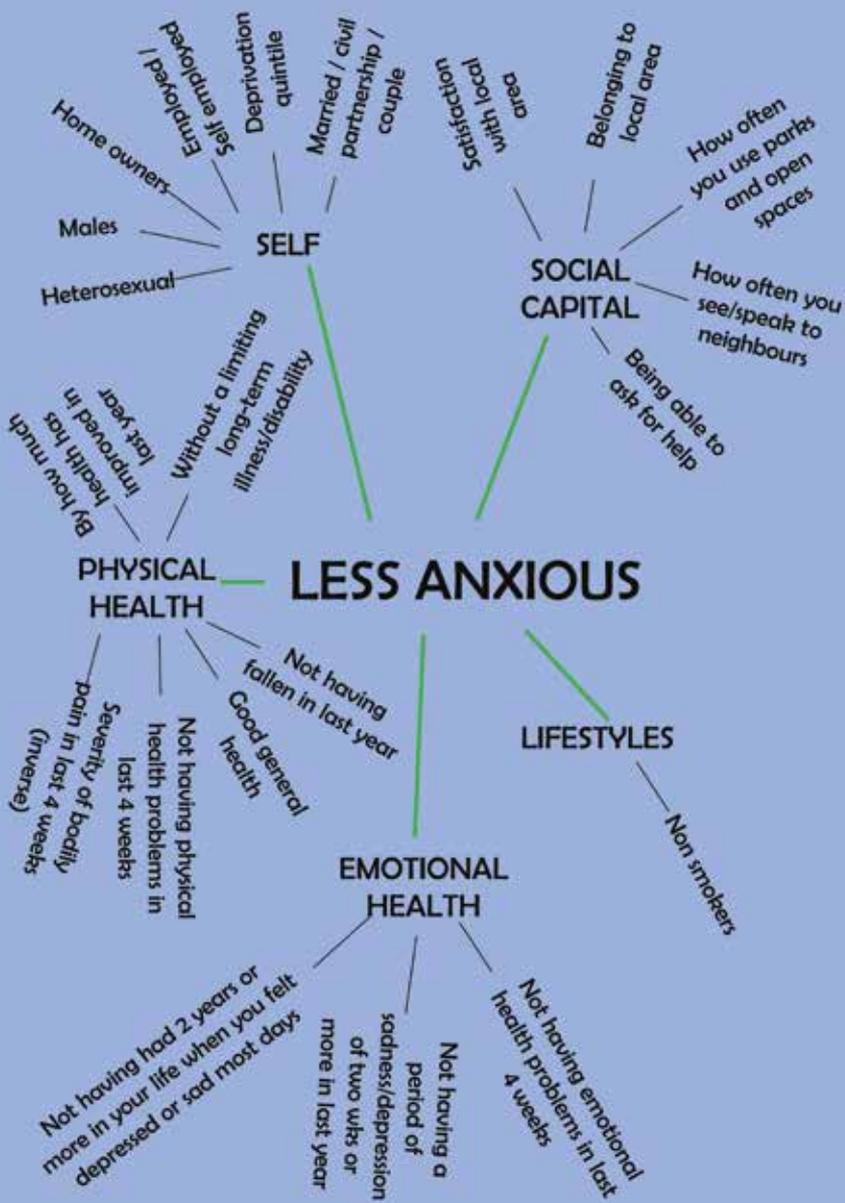
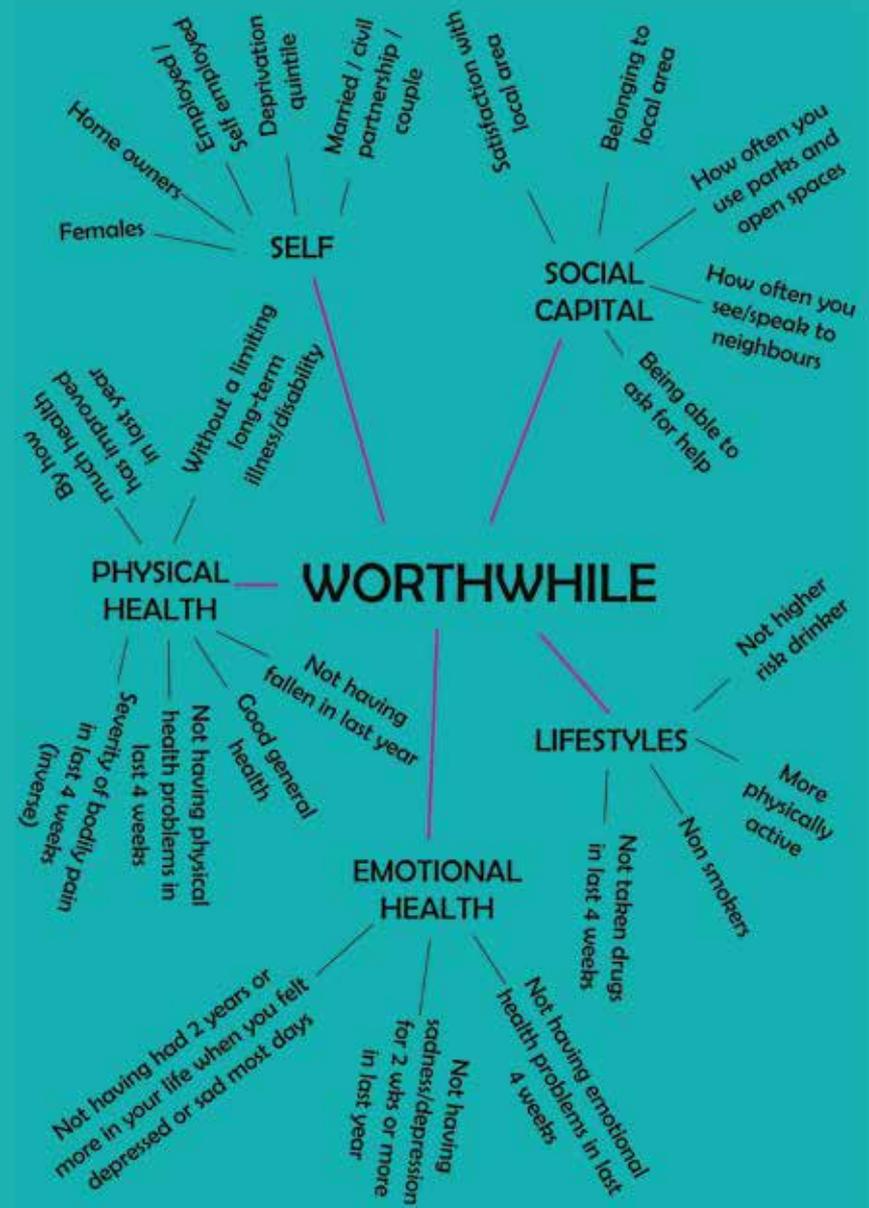
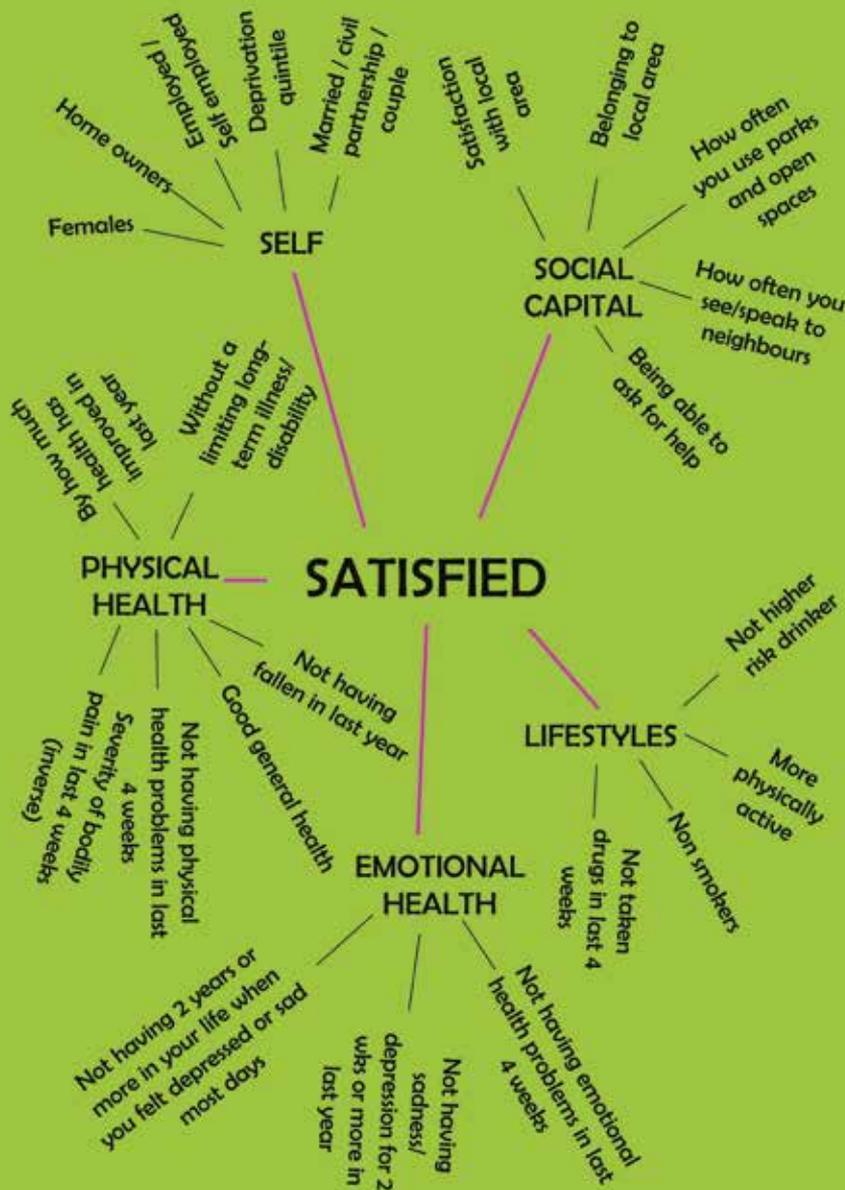
Participants in the Health Counts survey 2012 were actually less satisfied with life than the England figures as reported in the 2010 Office of National Statistics Integrated Household Survey.* In the Health Counts survey 71% of local residents reported medium to high levels of life satisfaction, compared to 76% of people nationally (England). More women (74%) than men (68%) in the Health Counts survey reported medium to high levels of life satisfaction.

Three quarters (74%) of Health Counts respondents reported that 'the things they did in life were worthwhile', compared to 84% nationally. Like the findings on life satisfaction, more local women (77%) than men (71%) felt that things they do in life were worthwhile. People aged over 75 years were least likely to feel that things in their life were worthwhile (65%), and people living in Queens Park reported significantly lower levels of feeling that the things they did were worthwhile.

A substantial proportion of local women (42%) and men (36%) reported high levels of anxiety, although residents of Hove Park recorded significantly lower levels compared to the rest of the city.

BRIGHTON & HOVE Health Counts	V	ENGLAND ONS
71% are satisfied with life		76% are satisfied with life
74% think the things they do are worthwhile		84% think the things they do are worthwhile
72% are happy		71% are happy

*Health Counts 2012 results for satisfaction with life, and feeling the things you do are worthwhile are lower than the 2010 Office for National Statistics estimates for the city. There was little difference for happiness and anxiety.



GENDER Health Counts

FEMALES v **MALES**

74% v **68%**
have medium to high satisfaction

77% v **71%**
think the things they do in life are worthwhile

42% v **36%**
have high levels of anxiety

72% v **71%**
have medium to high levels of happiness

When asked about their day-to-day happiness, 72% of Health Counts respondents reported experiencing medium to high levels of happiness in the preceding day, similar to the 71% nationally. Residents aged 65-74 years were most happy: 78% for men and 77% for women. The happiest people of all, (83%), and those most satisfied with life, (81%), lived in Rottingdean Coastal ward: residents in this ward recorded significantly higher % levels compared to those living elsewhere in the city.



Big White Wall
www.bigwhitewall.com

is an online service for people in psychological distress. It combines social networking principles with interventions proven to improve mental wellbeing and has staff available 24/7. It is really a community of people, experiencing common mental health problems, but who get support in managing their own mental health. Members can talk freely, whilst remaining completely anonymous. If you want to speak to someone at Big White Wall, go on to the website or for enquiries call 0207 0601677



LOCATION Health Counts

60% of Queen's Park residents think the things they do are worthwhile

23% of Hove Park residents have high to very high anxiety

81% of Rottingdean Coastal residents have high to very high satisfaction with life and

83% of Rottingdean Coastal residents have medium to high happiness levels

Social capital in Brighton & Hove

In the Health Counts survey, social capital was estimated by measuring use of parks and open spaces, how often people spoke to neighbours, their confidence to ask for help if needed, and their sense of belonging.

Just over half of Health Counts respondents (54%) reported using parks and open spaces in the city at least once a week and two thirds (68%) saw or spoke to their neighbours at least once a week, with 15% doing this on a daily basis.

A lower proportion of local residents believe that they can call for help from a friend or neighbour compared to people nationally. Just three quarters of respondents in

AGE Health Counts

65% aged 75+ feel the things they do are worthwhile

78% men and **77%** women aged 65 - 74 years had medium to high levels of happiness

the Health Counts survey felt they could ask for help at home if needed compared to 90% of adults in the UK*.

*(British Household Panel Survey 2007/ 2008)



The Embrace Information Project pulls people and local services together by providing information on 'grass roots' activity, and encouraging community engagement. An online directory 'It's local actually' explains what's going on locally, and how to get involved. <http://www.thefedonline.org.uk/services/out-and-about/its-local-actually>

Equally disappointing, just 58% of survey respondents felt very or fairly strongly that they belonged to their immediate neighbourhood. This is lower than nationally, where two-thirds of adults feel that they belong in their neighbourhood**. As might be expected, this feeling increases with age for both men and women: 78% of those aged over 75 years feel very or fairly strongly that they belong compared to just 46% of those aged 18-24 years.

Women (90%) are slightly more likely than men (85%) to feel satisfied with their local area as a place to live.

The influence of deprivation

The relationship between the factors discussed here and socio-economic status is not uniform. However, residents in more affluent wards in Brighton & Hove typically have higher levels of satisfaction with their local area, although this is not true for all wards. This finding was previously

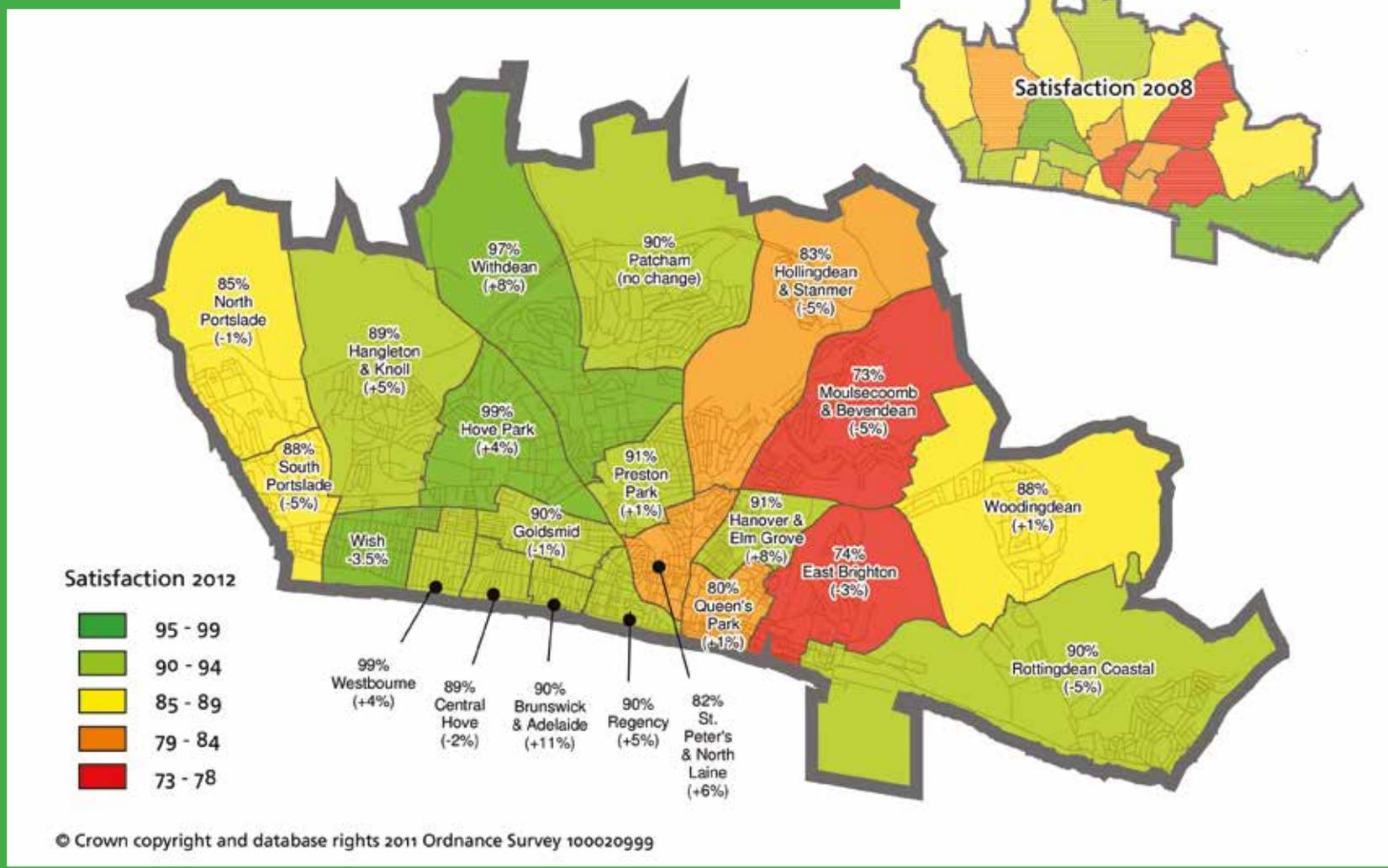
demonstrated in the Place Survey of 2008 and still holds true in 2012. In 2008, the highest levels of satisfaction were found in Hove Park (95%), Rottingdean Coastal (95%), Wish (93%) and South Portslade (93%). In 2012, the highest levels of satisfaction with the local area were Hove Park (99%), Withdean (97%), Wish (94%) and Westbourne (93%). Although the wards with top levels of satisfaction may have changed, most of them are still relatively affluent.

There is also a strong association in Brighton & Hove between deprivation and social capital. Just 50% of residents from the least affluent parts of the city felt that they belonged to their immediate neighbourhood; and 69% felt that they could ask for help when they needed it. By contrast, 70% of the most affluent people felt that they belonged to their immediate neighbourhood and 83% that they could ask for help.

** (Place Survey 2008)

Satisfaction (medium to high levels) with local area as a place to live

Source: Health Counts 2012 and Place Survey 2008



NEIGHBOURHOOD CARE SCHEME



This good neighbour scheme, which operates in nine neighbourhoods across the city connects people by matching them with local volunteers who support them with social visits, going out, help with paperwork or odd jobs around the house. The volunteers have also been trained to promote health and wellbeing. The scheme is aimed at those aged over 60, adults with a physical or sensory disability, and carers. For more information email info@ncs.bh-impetus.org or see www.bh-impetus.org



The influence of ethnicity

Some caution is required in interpreting findings for ethnicity and wellbeing as there were low numbers for some ethnic groups. This distribution however, was similar to the 2011 census where 20% of Brighton & Hove respondents were from a Black and Minority Ethnic (BME) background.

Black or Black British residents reported the highest levels of satisfaction with their lives (84%), more happiness (80%) and lower levels of anxiety (79% low to medium). White Irish residents were most likely to report that their lives were worthwhile (though the numbers were small) and both White Irish and Black (African/ Caribbean/ Black British) respondents reported the highest levels of satisfaction with their local area (96%). However, just 8% of Black or Black British respondents used parks and open spaces at least once each week compared to 61% of White Other.

Social capital was highest among Asian or Asian British and White British residents with 61% of Asian/ Asian British respondents and 59% of White British people feeling most strongly that they belonged to their immediate neighbourhood. White British (70%) and Asian or Asian British respondents were similarly most likely to ask someone for help if they needed it.

The influence of sexual orientation

Similar caution is required when interpreting any association of the survey findings with sexual orientation as, like ethnicity, for some groups the numbers were small. The majority of respondents – 89% – were heterosexual, gay men formed 6%, lesbian/ gay women 2%, bisexual 2% and other 1%. There is no census data on sexual orientation.

Heterosexuals reported the highest levels of satisfaction with life (72%), belief that things they do in life are worthwhile (75%), happiness (72%), and the lowest levels of anxiety (62%). They were also most likely to feel that they belonged to their neighbourhood (59%) and both heterosexuals (69%) and lesbians (70%) were most likely to speak to their neighbours. Heterosexuals (88%), gay men (91%) and lesbians (92%) reported similar

levels of satisfaction with the immediate area: higher than bisexuals (71%).

A lower proportion of lesbians (70%), gay men (71%) and bisexuals (70%) thought that life was worthwhile. Lesbians (49%) and bisexuals (48%) reported the highest levels of anxiety.

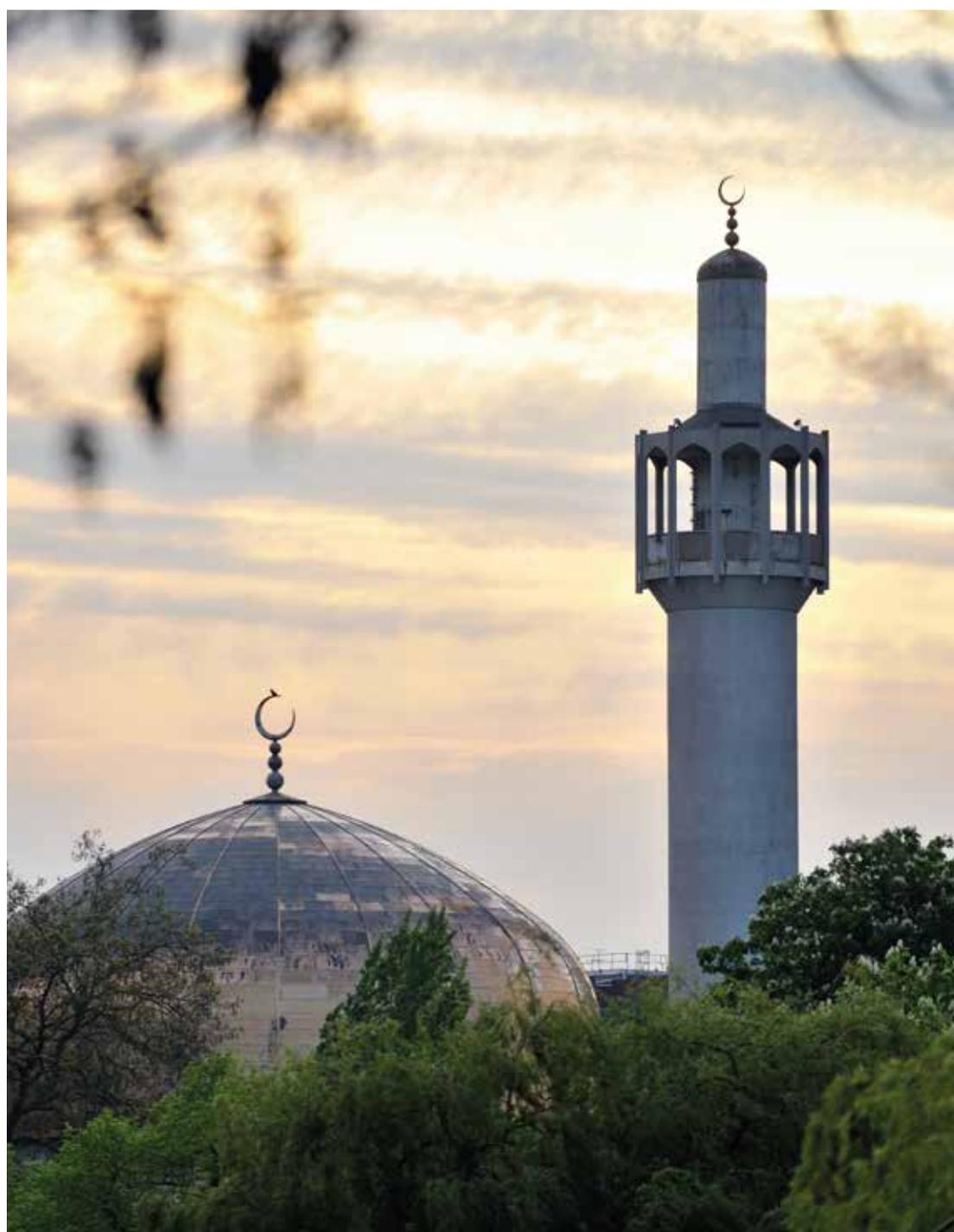
Lesbians use parks and open space in the city more often (78%) than heterosexual (55%), bisexual (50%) and gay residents (49%). Lesbians are also most confident that when they are ill they can rely upon someone to help them (84%).

The influence of religion

Once more, some caution is required when interpreting any association of the survey findings with religion because of small numbers in some groups. An equal proportion (46%) of respondents described themselves as being Christian or having no religion in the Health Counts survey. Of the remainder; 3% described themselves as Muslim, 1% as Jewish, 0.9% as Buddhists and 0.5% as Hindu.

Buddhists were most likely to be satisfied with their lives (88%), feel that life was worthwhile (94%) and were most happy (82%). All Buddhist respondents reported strong levels of satisfaction with their immediate neighbourhood.





difference between Muslims and other groups for anxiety related to crime and violence indicators*. Nor was there any difference related to feeling that they belonged to their immediate neighbourhood. These findings are consistent with others in this report, where for example Muslims also recorded higher scores on a screening for risk of depression.

A separate local 'needs assessment' found that young Muslims felt that a strong ethnic, cultural, faith identity was important to their sense of belonging. The same assessment revealed a need to improve direct communication with Muslim communities. Muslims considered the mosque to be the key place to receive information through faith leaders, management committees and community and voluntary groups.

But what does it all mean?

A bit like the terminology in this area, the findings may feel a little confusing, but there are some clear messages and readers may feel that some of these findings resonate.

Perhaps surprisingly, we seem to have less life satisfaction in Brighton & Hove compared to other people in the country, although the two datasets being compared are a little different. Women are more satisfied with life than are men. Women also feel that

By contrast, Muslim residents scored significantly lower on a range of wellbeing and belonging indicators. They reported lower levels of satisfaction with life (55%), were significantly less likely to feel that the things they did in life were worthwhile (57%), were less happy with their lives (54%), less likely to speak to their neighbours at least once per week (47%), and less confident that they could rely upon someone for help (62%).

Muslims also reported significantly higher levels of anxiety (60%). Their anxieties related to housing conditions, including damp and cold, their neighbourhood, and financial insecurity related to fear of losing job and home. There was no significant



LifeLines is a volunteer-led project for people who are retired or over 50. It aims to improve the health and wellbeing of isolated and vulnerable older people living in

the Queen's Park area, offering both 1-1 support and group activities which help older people get more out of life, such as art, reminiscence, cooking skills for older men, knitting, computer skills and more.

For more information contact: lifelines@csv.org.uk

*(though these figures were higher for Muslim respondents)

their lives are more worthwhile than men do, although the residents of Queens Park feel particularly low about this. Even though we have lower levels of life satisfaction, overall we are just as happy on a day-to-day basis as other people around the country. Older people in Brighton & Hove, who coincidentally have relatively low levels of feeling worthwhile, are actually the happiest age group among us.

While we may be mostly happy, quite a lot of men and even more women also experience anxiety, although Hove Park seems to exert some calming influence. The residents of Rottingdean seem to be on the right track with high levels of life satisfaction and happiness.

Like life satisfaction, social capital in Brighton & Hove is lower disappointingly than across the country as a whole, and there is an association with deprivation with less affluent groups reporting lower levels of social capital.

Local Black or Black British respondents are more happy, more satisfied with life, and less anxious, although Asian or Asian British and White British groups feel a greater sense of belonging. Less than one in ten of the Black or Black British

community regularly uses local parks and open spaces.

In terms of sexuality, heterosexuals have higher levels of satisfaction; feeling worthwhile, happiness and a sense of belonging compared to lesbian, gay, bisexual and transgender groups. They are also less anxious. Lesbian and heterosexual groups have higher levels of social capital. They are more likely to speak to neighbours and lesbians are most likely to feel that they can call upon someone to help; they are also most likely to use the city's open spaces.

In terms of religious groups, Buddhists are the most content on many scores. Rather worryingly, Muslims score low on most indicators of wellbeing and social capital and there appears to be the need to engage local Muslims more, so that they feel part of the wider city community and better about their lives. Linking up with mosques and other community Islam networks may help to provide Muslims with better access to information and services.

There are already many excellent initiatives in place to promote community engagement and cohesion, however perhaps the clearest message is that more needs to be done.



In Brighton & Hove, community development workers and residents jointly allocate Healthy Neighbourhood Funds to small, local health and wellbeing projects. Examples include gentle exercise for older residents to improve both physical health and reduce isolation, healthy foods at preschool clubs, community gardening, a grow, cook and eat group, a 'stop smoking and sing' choir, BME women's swimming sessions, and creative arts for mental wellbeing.

Over 300 small activities receive funds each year, with over 11,000 beneficiaries across the neighbourhoods.

For more information contact

The Trust for Developing Communities
www.trustdevcom.org.uk

The Hangleton and Knoll Project
www.hkproject.org.uk

Serendipity Enterprising Solutions CIC.

andy@silbsilbsy.com

What makes me happy?

'I am happiest when I'm in the company of my family and friends.'

Zahra, Muslim mother and city resident.

'Love and affection, travelling and pursuing my business interests makes me happy.'

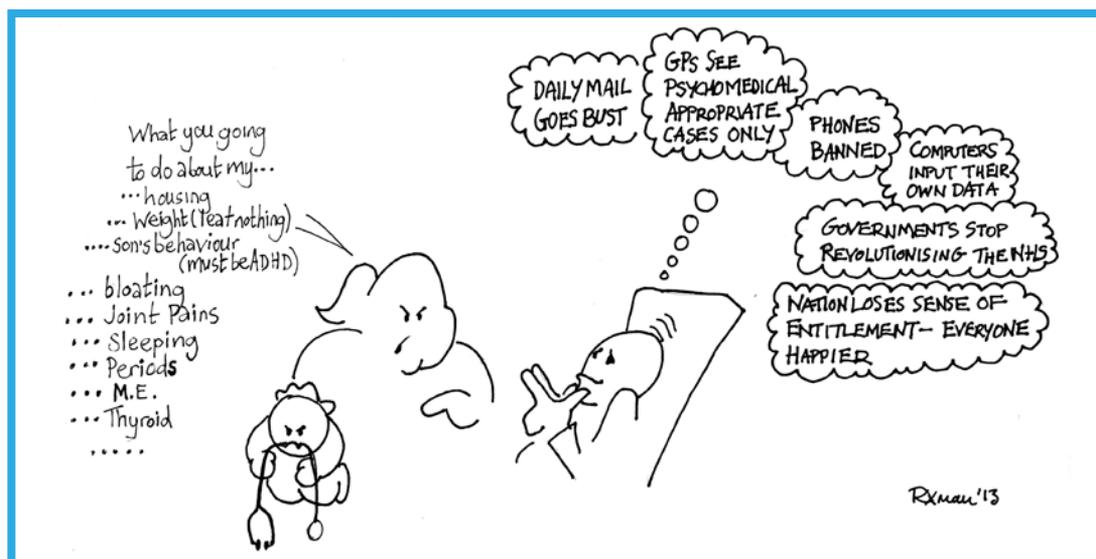
Nora, Muslim woman and city resident.

'Supporting my family with a stable job and home, and knowing that I can pay for things, will make me feel less anxious and happy with life.'

Uzma, Muslim mother and city resident.



Warren Morgan,
Labour & Co-operative
Councillor for
East Brighton



I am very pleased that the Annual Report of the Director of Public Health is looking at the subject of Happiness, particularly as it relates to health and wellbeing. The city council has an important role to play in improving the life satisfaction and happiness of residents and visitors. At a time when much of the national and local discussion is on deficit, economic growth and regeneration, it's important that we consider the fundamental issues that underpin our policy actions, and their consequences.

COLDEAN ASSET MAPPING

On the 19th of February 2013 an asset mapping workshop was held for the Coldean community at New Larchwood Café. The Community and Voluntary Sector Forum (CVSF), supporting the Trust for Developing Communities' (TDC) Off the Ground project, led the workshop. Off the Ground is a Hollingdean and Stanmer ward programme, which aims to help communities take greater control of local decision-making

The purpose of the asset mapping workshop was to

collate and understand all the resources and assets in Coldean and to put into action, ideas to develop these resources. The mapping covered physical, social and human assets. People came along who had never been to any sort of community activity before. The idea of paying attention to what is positive and valuable seemed to motivate people to get involved.

And the outcome? Everyone was surprised at the huge amount of resources and community activity to be found in one small neighbourhood.

There is a swimming pool in the local school available for public use during the summer months, and a huge range of courses, available through the local library and Varndean College.

At the end of the workshop, the community decided that there should be a central place for community information, events and activities, as well as an online map with a linked events calendar, and a newsletter in hard copy. So that's what they did.

<http://goo.gl/maps/hQMeY>

For more information about Off the Ground go to <http://offthegroundhsw.org>

If you would like more information about CVSF's asset mapping work, please get in touch with Kate: kate@cvsectorforum.org.uk or phone 01273 810 233



Alistair Hill, Consultant in Public Health

Health for all? - not quite

The good news for Brighton & Hove is that 84% of adult residents describe their health as either 'good or better', and just 5% say they are in poor health.

It's getting better

Residents seem to be getting healthier: with 23% saying their health has improved in the previous year compared with 18% who say their health has deteriorated in the Health Counts Survey 2012. Comparing the results to previous surveys (1992 and 2003), self-reported health has improved across almost every age group, and in both men and women.

As you might expect, good health varies by age, and older age presents a challenge for many. The proportion of men and women aged 75 years or over reporting their health is 'good or better' falls to 54%. However, this is still an improvement on 1992 when 48% of men and

39% of women said the same: it appears that we are all staying healthier for longer.

The small matter of gender

The health of local men seems to drop off in middle age, when fewer men than women report 'good or better health'. Men also feel less optimistic about the future: 35% of men aged 55 years or over expect their health to deteriorate in the next year compared to 25% of women of the same age.

This highlights the need to reach out to middle aged men and help them to improve their health. The NHS Health Check programme is for adults between the ages of 40 and 74 years. It offers individuals an assessment of the risk of

developing heart disease, stroke and diabetes, as well as personalised advice on how to improve their health. We need to make sure the programme reaches those who stand to benefit most.

A healthy city? - in parts

There is significant variation in self-reported health across different parts of the city, with 92% of residents of Rottingdean Coastal ward and 93% of residents of Hove Park ward reporting 'good or better health'. This compares with just 72% of those living in East Brighton and in Hangleton and Knoll wards.

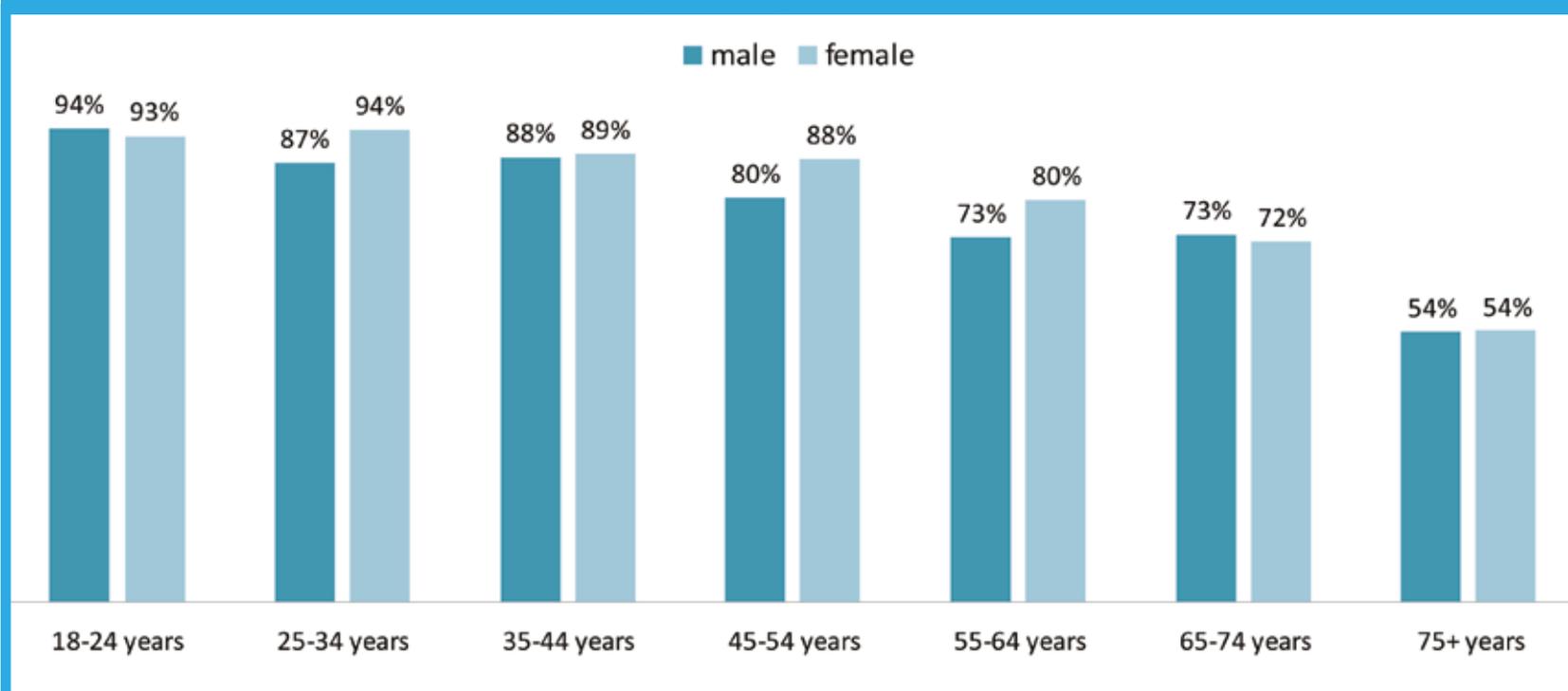
Unsurprisingly, the results confirm an association with social deprivation. More than

twice as many people living in the 20% most deprived areas report their health is 'fair or poor' compared with the 20% least deprived in the city (28% versus 12%).

The influence of housing

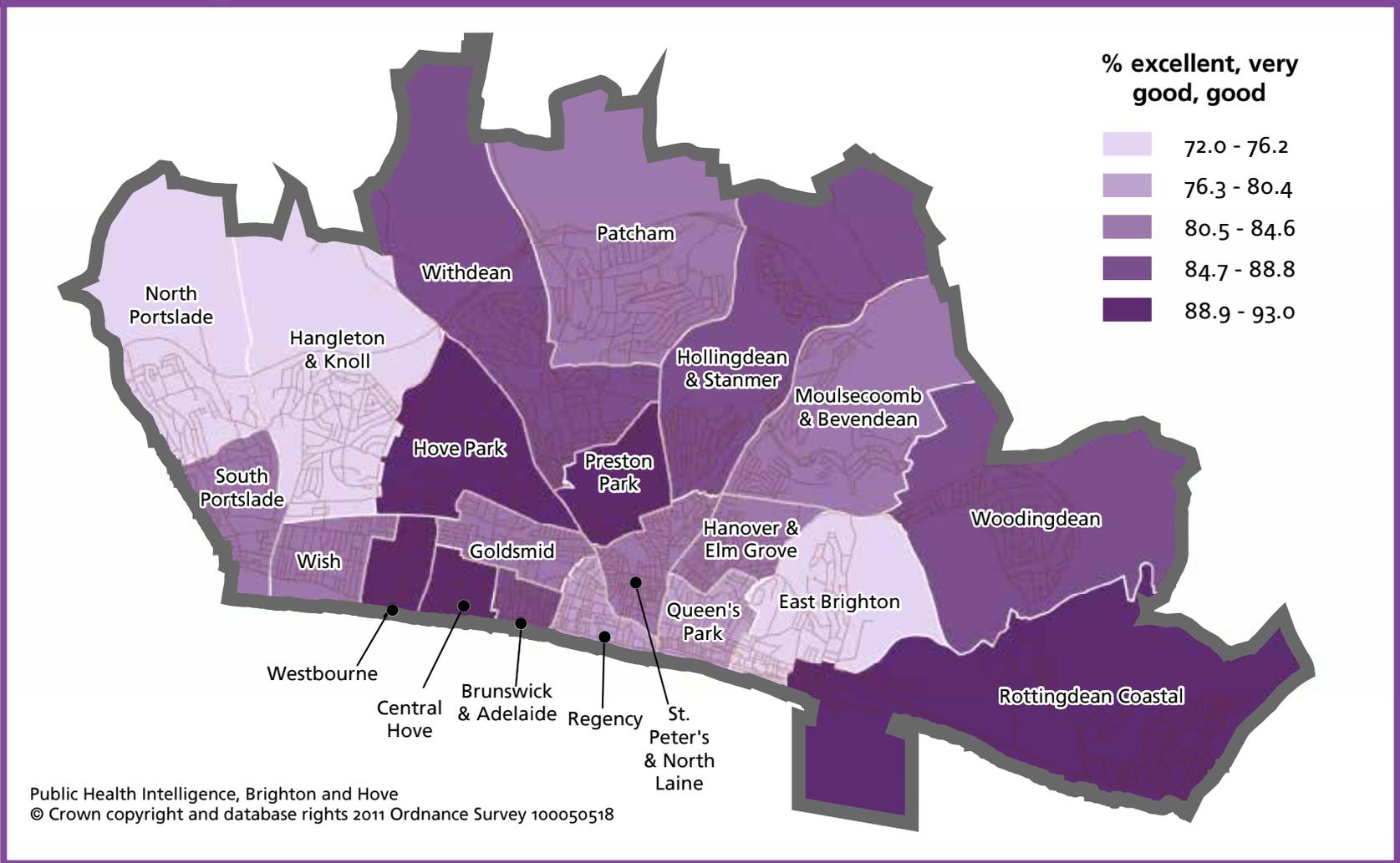
The Marmot Report highlighted that as the national supply of social housing has decreased, the health needs of people living in social housing has increased. This research finding was consistent with the Health Counts survey where 43% of local residents living in council or housing association properties reported 'fair or poor' health, compared to 14% of residents living in owner occupied or private/ rented housing. Furthermore, inequalities

Percentage of respondents in good or better health by age group and gender, 2012 Source: Health Counts 2012



Percentage of adults who said that in general their health is good, very good or excellent, Brighton & Hove 2012

Source: Health Counts 2012



in this area seem to be increasing. The “fair or poor health” figure (43%) for council or housing association tenants increased from 31% in 1992, whereas the self-reported health of people living in owner occupied or privately rented housing has improved over the same period.

Research has also drawn attention to the potential adverse impact of the economic downturn and the associated welfare reform, particularly on inequalities. As of April 2013, the amount of housing benefit that people can receive if they are deemed to have a spare bedroom in their council or housing association home reduces (certain exclusions apply, including pensioners). Data from the

city council’s Revenues and Benefits team indicates that approximately 1,500 households in Brighton & Hove are affected by this change, with around half of affected households living in four electoral wards: East Brighton, Queens Park, Moulsecomb & Bevendean, and Hangleton & Knoll.

Changes in access to benefits are likely to exert an increasing influence on inequalities in the coming years.

The influence of education and employment

Research shows that inequalities in education affect physical and mental health, as well as income, employment and quality of life. This finding is starkly illustrated in the Health

Counts survey where 38% of adult residents with no qualifications report that their health is only 'fair or poor' compared to just 8% of those with a university degree or higher.

Past Director of Public Health Annual Reports have drawn attention to the importance of education in helping to build community resilience, and the need to improve educational outcomes in local schools. The proportion of students achieving five or more A* to C grades including English and Maths at GCSE increased from 53% in 2011 to 56% in 2012. However, this still leaves many young people not reaching their full potential. The city council has committed to work with schools to help continue the recent improvement

and reach the top 25% for similar local authority areas.

Unemployment can be both a cause and a result of ill health. The city's Joint Strategic Needs Assessment (JSNA) – (www.bhlis.org/needsassessments) describes in some detail how unemployment affects health. In the Health Counts survey 2012, 92% of those working or studying are in 'good or better health', compared to just 74% of those unemployed and looking for work.

If we want to reduce inequalities, we need to look to initiatives that improve education, employment and access to housing, and not simply lifestyle. This adds further weight to the argument for taking a Marmot approach to addressing inequalities in Brighton & Hove.

The happy worker effect?



Jane Goodall,
Manager,
Planning & Public
Protection

Although entitled ‘Happiness – the eternal pursuit’ this report explores a number of related concepts; wellbeing, satisfaction, social capital as well as day-to-day happiness. The term ‘happiness’ however, is also used – as it is in general parlance – as an umbrella term for lots of these things. But, how important is happiness in the workplace? An increasing body of psychology research says it is very important.

What does the research show?

Employers are responsible for ensuring employees are safe and healthy. There is growing evidence that people who have high personal wellbeing are in turn more productive, confident and engaged at work, and more resilient when faced with adversity. Happiness is partly genetic and partly within our control, and it can be learned and practised, with all its attendant benefits. So, if we are happy when we work, we work better. In addition, when we feel that our managers care about our welfare, we become more engaged. This all has ‘face validity’ but it is good to see the research confirm it.

How work is perceived can make a significant difference to how it is experienced and delivered – without any fundamental change to the tasks involved. Furthermore, creating a positive environment and a nurturing culture need not incur significant expense. Managers can, for example, encourage more autonomy, like giving staff who deal with customers the flexibility to work beyond established protocols if they feel the situation merits it. Kindness and altruism play a role too. Altruism and apparently

A SEVEN STEP GUIDE TO CREATING POSITIVE ORGANISATIONAL BEHAVIOUR

- 1 Work should draw out our talents and skill, so we can play to our strengths

- 2 We should be able to complete the whole task, with a degree of autonomy

- 3 We should feel that our work has a significant impact on others

- 4 We should have support, training and development

- 5 We should receive appropriate recognition and praise

- 6 Workplace relationships should be nurtured, based on trust and kindness

- 7 Relationships between employees and customers should be positive.

'random acts of kindness' can result in huge increases in wellbeing and related work productivity.

So how do we design, develop and build a culture which encourages positive organisational behaviour, where employees experience 'peak enjoyment' and organisations 'peak performance'? This is where personal happiness and organisational effectiveness come together.

And in Brighton & Hove?

The council's 'One Planet Living' initiative reflects its commitment to create an attractive work environment where employees can flourish. 'Health and Happiness' are addressed in Principle 10 and this includes how health and happiness relate to the workplace.

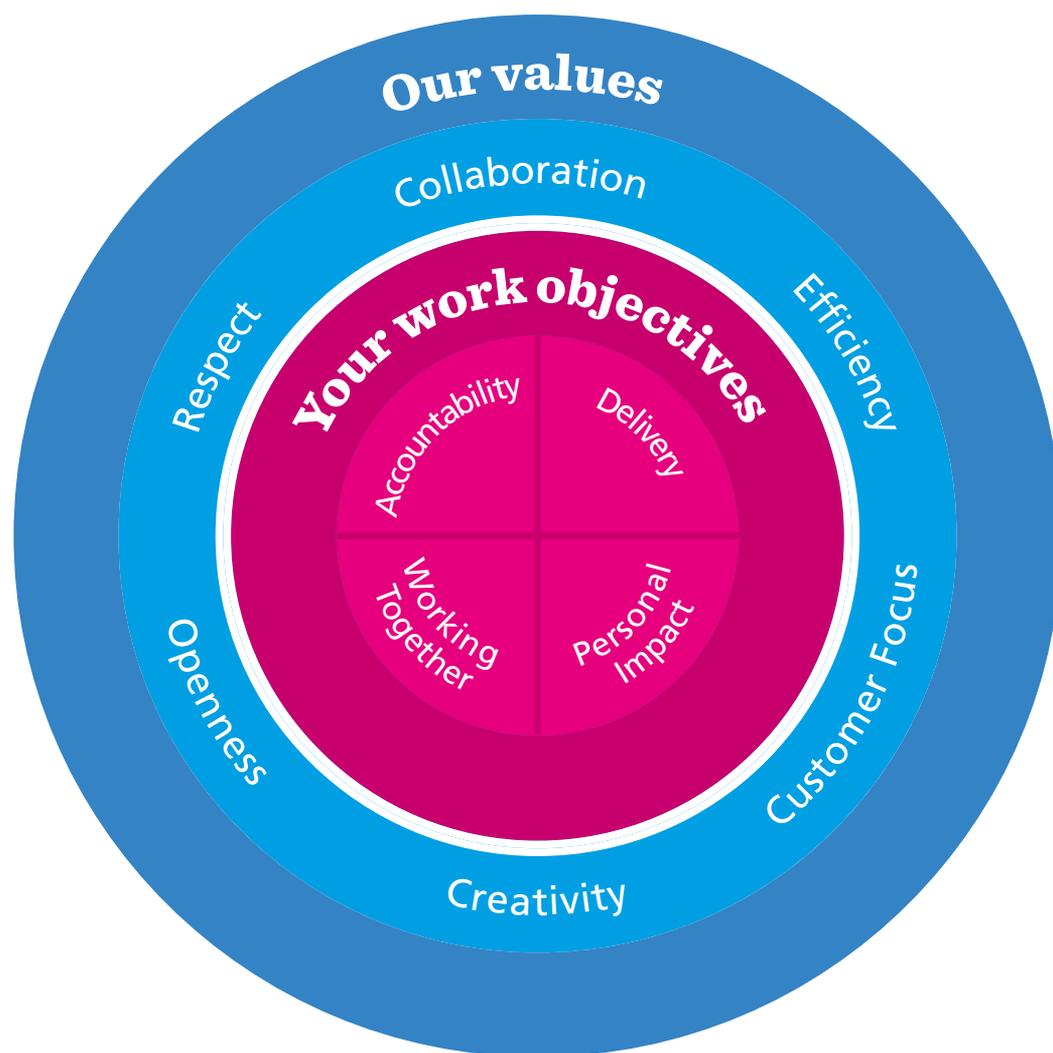
In addition, a values and behaviours framework for staff introduced by the new chief executive has emphasised the importance of encouraging, among other things, respect, creativity and collaboration, all of which will improve the wellbeing – and happiness – of staff.

But of course more needs to be done. We could explore new ways of collating staff satisfaction data, picking up more on these themes and deploying the learning across the organisation. We could also do more to support managers to understand better their personal impact on staff wellbeing, and develop a corresponding culture of accountability.



Penny Thompson,
Chief Executive,
Brighton & Hove City Council

Values and behaviours framework: Brighton & Hove City Council



I believe that leadership is about creating a positive culture with clear, ambitious and yet achievable expectations for all. When people know what is expected of them, and are well supported and well led, we can achieve what Jane Goodall refers to as 'peak enjoyment' and 'peak performance'. That's why we have adopted a 'values and behaviours framework', focused on clarity of Accountability, Delivery, Working Together and Personal Impact. In this way we can harness all the brain, heart and commitment in the council and in the city itself, so that Brighton & Hove continues to grow as a fabulous place to live, work and visit.

Bright young things



Anna-Marie Jones, Performance Analyst (vulnerable young people) and **Kerry Clarke**, Strategic Commissioner (vulnerable young people)

Listen to the news about young people and it can all feel very negative: rising youth unemployment, overuse of computer games, binge drinking and sexually transmitted infections are just a few of the local headlines. So, are young

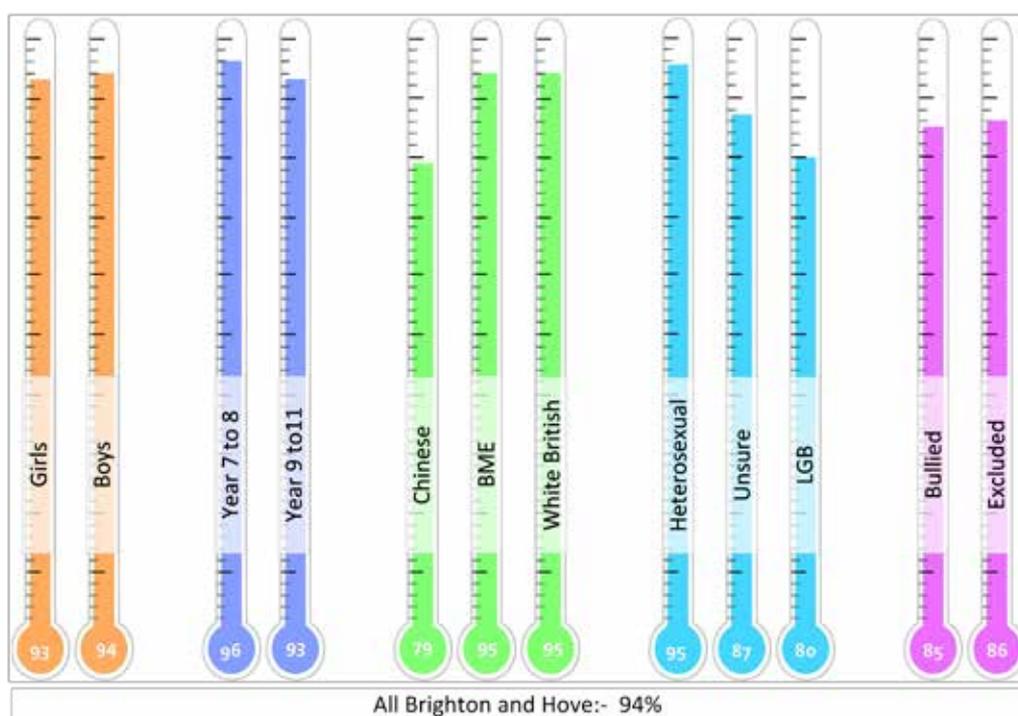
people in Brighton & Hove actually happy, or are they consumed by a sense of impending doom?

Most young people are happy

The good news is that local young people are indeed happy. According to the 2012 annual Safe and Well at School Survey, which asked 11-16 year old pupils a whole host of lifestyle questions, 94% said they felt 'happy often or sometimes'. The concept of 'happiness' was first explored in the 2011 survey, however pupils were asked a slightly different question, so there is no local information on trends in happiness among young people.

The 2012 survey showed that boys and girls were equally happy. However, there were age differences. As age increased, the level of happiness decreased: 96% of the younger school pupils in years 7-8 (11-13 year olds) were happy compared to 93% of older pupils in years 9-11 (13-16 year olds). The difference was small but significant. Among older pupils, those who were moving on to full-time employment were the happiest, closely followed by those who were starting college, an apprenticeship or part-time learning. Interestingly, those who were staying on for school 6th form were not actually as happy as those who had made a decision to leave school.

Happiness levels by pupil characteristics Source: Safe and Well at School Survey 2012



But some are less happy

Ethnicity and racial identity had little association with levels of happiness; 94% of both White British and BME pupils reported feeling happy. The exceptions to this were Chinese pupils of whom just 79% reported feeling happy. Chinese pupils were also more likely to report feeling lonely or isolated, to not take part in out of school activities and to not have one or more good school friends. The number of Chinese pupils in the survey

was small (just 58 in total, less than 1% of the survey population) but the findings are statistically significant. It is not clear what factors are linked to this local finding of relative unhappiness but it merits further exploration.

Young people's sexual orientation was also associated with happiness. Of the pupils who identified as lesbian, gay or bisexual, only 80% described themselves as happy. These pupils also reported more negative school experiences such as being

bullied: over a third (36%) of lesbian, gay or bisexual pupils and 31% of pupils who were unsure of their sexual identity, said they had recently been bullied compared to 13% of heterosexual young people.

What makes young people happy?

A selection of young people who attended a variety of local projects were asked, "What makes you happy?" There were several common themes (illustrated), although none was particularly surprising. They were all supported by findings from the childhood wellbeing research carried out by the Department for Children, Schools and Families.



EAT UP YOUR VEGETABLES!



Parents will be pleased to know that the survey also found that pupils who reported eating more fruit and vegetables tended to be happier. Whether this finding represents a true association is perhaps arguable however there is some published research to suggest that people who consume more fruit and vegetables are happier than those who consume less, and have higher levels of mental wellbeing.

The sort of thing that makes me happy is knowing that everyone around me is well and happy, art (being able to create anything as art is never wrong) and making things, being around my friends and other people, walking across the beach front in the summer and my boyfriend - can't forget him!

Youth participant from the Allsorts Youth Project

What makes local young people happy?

having things to do and places to go

outdoor activities and being able to enjoy the beach and green spaces

art and musical interests

spending time with family friends and partners

having time to reflect and relax

running and exercise

feeling listened to

communicating with others through Facebook or mobile phones

being healthy and eating well

Could do better!

So overall the picture is good, local children are happy, especially the younger ones. There is no gender bias and what makes local young people happy is the same as what makes other young people around the country happy (including fruit and vegetables). There is however, a need for long-term data so that we can better monitor trends in happiness in young people. Furthermore, more local research is required to determine exactly why young people in the survey from Chinese, and lesbian, gay, bisexual or unsure communities feel less happy, and then to do something about it.

Alcohol, drugs and young people's happiness

Anna-Marie Jones and Kerry Clarke

We know that 94% of Brighton & Hove's young people (aged 11-16 years) report feeling happy, but what of the relationship between levels of happiness and two important lifestyle factors, often in the news, and often reported as being associated with a 'good time': alcohol and drugs?



It is only in the last three years that the Safe and Well at School Survey has included questions on alcohol and drug use (the latter only among 14-16 year old pupils).

Some encouraging signs

In 2012, 21% of 14-16 year olds and 65% of 11-14 year olds reported that they had never tried an alcoholic drink. Over the last three years, the proportion of young people who say they have never tried alcohol has increased. This is in line with long-term national findings, which have shown a steady decline in alcohol use among young people over the last decade. However, although fewer young people are drinking, there are still many young people in Brighton & Hove who drink to excess; 38% of 14-16 year old pupils who drank said they did so to get drunk.

The picture with drug use is slightly different and for each of the past three years, around three quarters of 14-16 year olds have reported that they have never tried unprescribed drugs. Out of the 657 young people who reported having tried drugs in 2012, the most frequent was cannabis. The proportion of drug

using young people who reported that they had used cannabis, fell from 89% in 2010 to 80% in 2012. However, although cannabis use has fallen, around 42% of the 14-16 year olds who have tried drugs (273 pupils) say they have tried some 'other drug', and this represents an increase compared to 2011 when it was 34% (201 pupils). So while there are some encouraging reductions in alcohol use among young people, the picture with regard to drug use appears to be more one of changing patterns of use.

Alcohol, drugs and happiness

Alcohol use can have a huge impact on how young people feel each day. In the 2012 survey, young people who reported that they had tried alcohol or drugs were less happy than those who had not. The differences were not great but they were significant. Furthermore, pupils who reported much heavier drinking, such as having been drunk at least three times in the last month, or having drunk with the intention of getting drunk, recorded

ALCOHOL AND DRUG USE AMONG PUPILS AGED 11-16 YEARS IN BRIGHTON & HOVE

Source: Safe and Well at School Survey

14-16 yr olds	2010	2011	2012
Never tried a whole alcoholic drink	15%	18%	21%
Never taken unprescribed drugs	77%	75%	77%
11-14 yr olds			
Never tried a whole alcoholic drink	40%	59%	65%

significantly lower levels of happiness. Although it is impossible to say whether the association between drug and alcohol use, and unhappiness is cause or effect, or perhaps both, the association is significant: the more young people in Brighton & Hove drink alcohol or if they take drugs, the less happy they are.

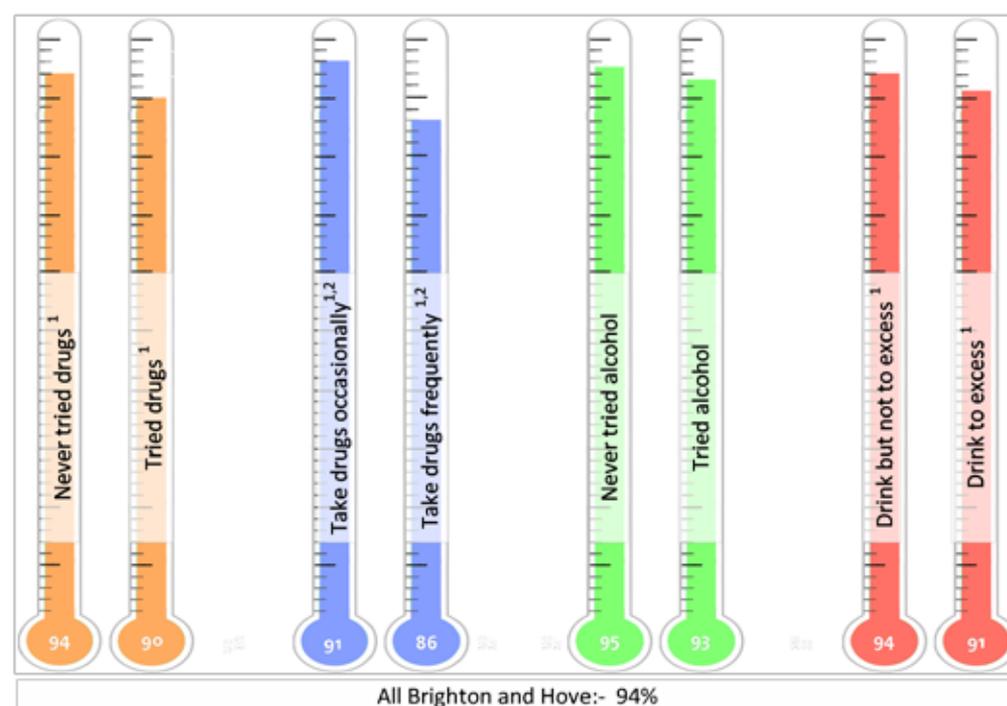
These young people are also much more vulnerable and likely to find themselves in A&E or even in the care of specialist treatment services such as RU-OK? The survey findings match feedback from local youth workers, some of whom are concerned that it is increasingly the most vulnerable who are at risk. The city council's Healthy Schools Team is working with schools, including special schools, to help identify and support these young people. These links are essential, given the risks involved, and especially with what appears to be a changing picture of drug use.

Happiness levels: (the percentage of pupils who feel happy often or sometimes) by drug and alcohol consumption

Source: Safe and Well at School Survey 2012

1 denotes 14-16 year old pupils only

2 indicates that differences in happiness levels between frequency of drug use not significant



A case history from child drugs and alcohol support services

Emma (not her real name) had got to the stage where life was chaotic and spiraling out of control. She didn't engage in school life and often truanted. She had been taking drugs (ketamine, cannabis and valium) and was drinking around 1 litre of vodka 2-3 times per week. Her relationship with her parents was strained.

At the age of 15 she realised that things had to change and referred herself to RU-OK? – the young people's substance misuse treatment agency. However, at that time, her relationship with her parents completely broke down, and she was evicted from the family home. She moved to a hostel.

RU-OK? was able to successfully support Emma around her drug & alcohol use, self-harming behaviour, mental health and sexual health issues. Emma set some clear goals for herself – stop taking drugs, move on to independent living and improve her relationship with her parents.

After a year, Emma has come a long way. Life is more manageable, she rarely drinks alcohol, and is no longer using any drugs except cannabis – though she is working towards reducing this. When things don't go well, she is able to manage without turning to drugs and alcohol. She is now spending time with her family, is back at college, and rarely missing a day. She says she feels much happier.

And so to drink again

Readers of previous public health annual reports (and there are some) will know that when it comes to alcohol, Brighton & Hove knows how to raise a toast. So how much do residents actually drink?



Kathy Caley,
Public Health Lead
Commissioner
for Alcohol and
Drug Services



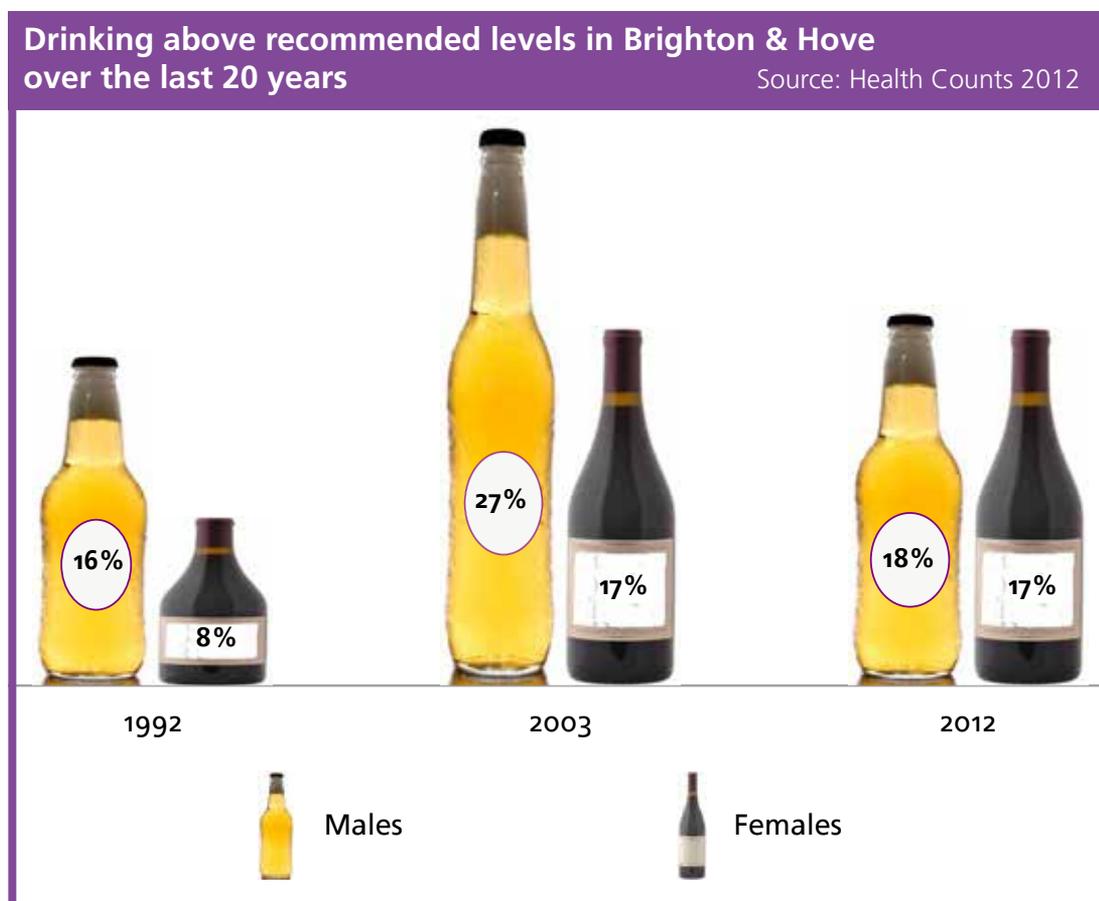
The drinks are on us

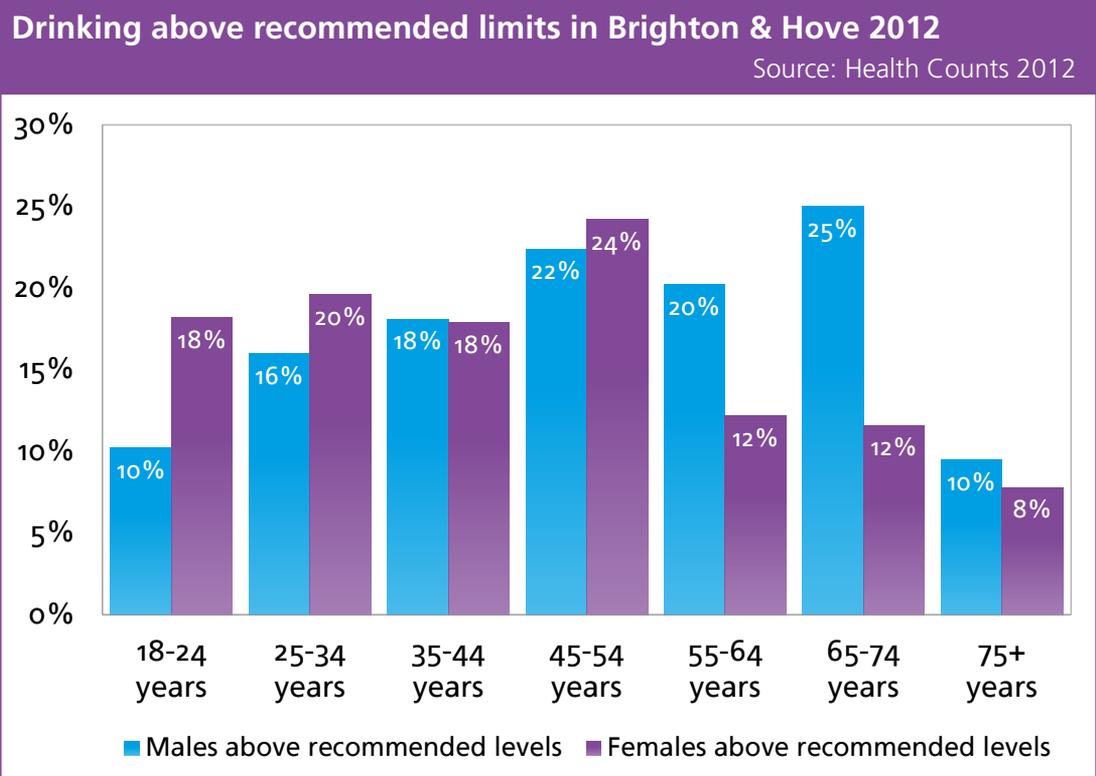
It's not that easy to estimate drinking patterns and studies show that people often under-report their alcohol intake. The Health Counts survey 2012 found that 13% of adults never drink alcohol, 27% drink less than once a week, and a further 28% only drink once or twice a week.

The actual percentage of people who say they drink alcohol on a more frequent basis is relatively small: 17% drink 3 - 4 days a week, 8% drink 5 - 6 days a week, and 7% drink every day. Of course, this refers to how often residents drink, not how much they drink. However, a significant proportion of residents admit to drinking above safe limits: 18% of men, and 17% of women drink above the recommended levels (21 or more units or more for a man and 14 or more units for a woman).

Current rates are concerning. However, over the last decade the proportion of men reporting drinking above safe levels has actually fallen by 9% while for women, the proportion has remained stable at 17%.

There are some interesting local findings when we look at drinking above recommended limits in Brighton & Hove by age and sex. Among men, unsafe drinking is much more common in older age groups, whereas in women it peaks in middle age. Younger women are more likely than younger men to drink above recommended limits. Of course, the recommended limits are different





for males and females, so the actual consumption levels may be similar, in younger age groups in particular. It would be interesting to know if local young people make this gender distinction in their drinking. These patterns of alcohol consumption are consistent with national figures and might account for the drop in the number of men drinking to unsafe levels in the last decade.

People generally drink to have a good time, so are our heavier drinkers happier? The Health Counts 2012 survey found that drinking at low risk, or even less safe levels, was not associated with any significant effect on average happiness levels. However, adults who drink at the 'highest risk' level (men drinking over 50 units per week and women drinking over 35 units per week) are less satisfied with their lives than those who drink less. This inverse relationship between higher risk drinking with happiness is yet another reason for tackling alcohol consumption in Brighton & Hove.

The Big Alcohol Debate

Local people don't need the Health Counts survey to tell them that a lot of people in Brighton & Hove drink a lot of alcohol. So what do local residents think about alcohol consumption in the city? The 'Big Alcohol Debate', which ran from October to December 2011, asked this very question. The

results were reported in last year's public health annual report, and have since been summarised in a YouTube video <http://www.youtube.com/watch?v=zQr8Slr0mm0>.

Most people thought that more needed to be done to counter the adverse effects of alcohol on the city. Following on from the Big Alcohol Debate, a local Alcohol Programme Board with input from health, the council, student reps, licensees and retailers alike has been overseeing a range of initiatives to reduce the negative impact of alcohol on the city.

This debate will no doubt run and run, and the problem won't be solved overnight, but at least - and at last - with better coordinated action across the city it appears that some progress is being made.



NEW AREAS OF WORK IN 2013 TO COUNTERACT ADVERSE EFFECTS OF ALCOHOL IN THE CITY

Exploring a 'contract' with parents who would sign up not to provide their school children with alcohol

Extending the programme of specific alcohol free events in the city

Developing of a network of best practice alcohol retailers who commit to a voluntary code of good retailing

Regular investigation into illegal and illicit alcohol sales

An Alcohol Diversion Scheme, with sign up to treatment as an alternative to a penalty notices for drunken behaviour

A health promotion and understanding drinking behaviour programme for students

A&E support to reduce repeated alcohol-related A&E attendances



Student Drinking in Brighton & Hove

Brighton & Hove Drugs and Alcohol Action Team, and student researchers **Harminder Kaur-Nijjar, Georgia Andrews** and **Theona Makorie**

Local residents often point to students as the culprits for high alcohol consumption and much of the disruption that comes with it, but what do students say? A recent student survey (yet to be fully published) gives insight into their drinking behaviours – it makes for interesting reading.

Around three quarters of the students have had a drink in the last week. Whilst most students don't drink to get drunk, or do so only sometimes, a significant minority (35%) do so most, or every time, they drink.

Preloading and cheap alcohol deals in

supermarkets are much reported as the norm. These results suggest that this is not the case for the majority: however again a significant minority (38%) pre-load before they go out and 29% usually take advantage of cheap supermarket deals.

Students don't drink as a coping strategy, to look good, to help them when they are depressed or to feel more confident.

Instead they drink because it's what they do when they get together with friends, to be sociable, although the outcomes of

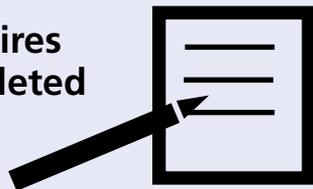
their drinking experiences vary from the pleasant to the regretful.

The solution to excessive student drinking may then be to develop more ways for students to unwind and socialise, that don't involve alcohol.

WHO TOOK PART?

348 questionnaires were completed

(242 from Brighton University and 106 from Sussex)



HOW MANY DRINK?

90% (312) had drunk alcohol
72% (250) had drunk alcohol in the last 7 days



DRINKING TO GET DRUNK?

16% (51) never drank to get drunk

50% (154) sometimes drank to get drunk

27% (82) drank to get drunk most times they had a drink

8% (24) drank to get drunk every time they had a drink



WHY DO THEY DRINK?

47% (144) drink to celebrate

34% (102) drink because it's what friends do when they get together

35% (110) drink to be sociable



(105 written responses in total)

WHY ELSE DO YOU DRINK?

Uni culture.

Some drinks taste good and part of an experience, especially a celebration or vacation.

Its sociable and drinking is part of our society.

It's a cultural norm.

I come from a family where drinking is a normal part of everyday life.

I can't afford bottled water (too much money).

Nightclubs are unbearable otherwise.

To have more fun.

Speeds up the friendship bonding time.

It can help signify that you are there to relax. I will usually drink when celebrating or out with friends.

I enjoy that state of mind and alcohol is the legal and easy way of being there.

(70 written responses in total)

TELL US MORE ABOUT YOUR EXPERIENCES OF USING ALCOHOL

Met some fantastic people and had a barrel of laughs.

I've woken up not knowing how I got home and have often been sick.

I've had enjoyable times and always know my limits and when to stop. I have no drinking regrets.

It's usually fun but sometimes shit happens.

I'll only drink to get drunk, other than that I don't like it.

I rarely remember a night. Always have a good time.

I only drink with friends and when celebrating. I am drinkaware.

I hate the day after and always regret the drinking.

Its always pretty positive.

Just have more fun and a laugh - never bad situations.

A way to let your hair down.

Had my phone stolen!
Slept with a minger!



Warren Carter and Helen Jones,
The Bevy

The Bevy

“more than just a pub”

Warren Carter and Helen Jones have been leading a campaign for a local pub for the 17,500 residents of Moulsecoomb and Bevendean, but they want it to be more than just a pub, they want it to be a centre for the whole community.

‘The Bevendean’ Public House opened in 1937 and served our local community until 2010 when it was closed due to anti-social behaviour issues. Now, the only alternative for local residents looking to meet and socialise is to make the journey into the city centre. For those who prefer to stay closer to home, this is not an attractive option, nor one that many can afford.

A group of local residents is working hard to transform and re-open the Bevendean Pub as something better – a much needed, not-for-profit, family orientated pub and café. The Bevy will be a hub for the whole community, offering local jobs and training opportunities, a place to meet, eat, drink, study and relax in the heart of the local community. There will be a community kitchen, play areas and vegetable gardens. The Bevy will feel very different to the old pub that operated out of the same premises.

People will be able to use our community space for health initiatives, like health MOTs, smoking cessation clinics and health trainer sessions. The new Bevy will provide a wealth of benefits; it will help reduce social isolation, particularly for more vulnerable groups, and will have a positive impact on the happiness of the local residents.

To make this dream a reality, we need to raise £200,000, so we are selling shares; a community owned resource modelled on co-operative lines, where everyone has a say. We are also looking at other sources of funding like grants, bank loans, crowd funding and donations. Once it is fully up and running, the business will become self-sustaining. We aim to have the first co-operative pub on a housing estate in the UK, and the most members of any co-operative pub.

The Bevy will be a great example of the alternatives to the ‘usual’ alcohol focused pubs and bars that operate in Brighton & Hove. Yes, alcohol will be available, but so will lots of other things and we will make sure that there is a responsible approach to drinking, with a range of alternative activities for people who just want somewhere to meet and don’t want to drink alcohol.

For more information go to www.thebevy.co.uk or watch the video http://www.youtube.com/watch?v=5_zKy7Nvsts

The drugs don't work Kathy Caley

For many years Brighton & Hove was the not-so-proud owner of the title 'Drug Death Capital of Great Britain'.

No more the 'Drug Death Capital'

An extensive work programme – which goes back several years – coupled with some changes in drug use patterns have seen the latest drug-related death rate (2011) fall from a peak of 33 per 100,000 in the year 2000 to just nine per 100,000. This equates to a drop from 67 deaths to 20, and the fall has seen the city move down to eighth place in the gruesome 'drug death table'.

Each of these 20 deaths is still an avoidable personal tragedy and work continues on in a broad front with initiatives like 'naloxone mini-jet training' – a drug that can reverse heroin or methadone overdose and can be administered by friends and relatives – as well as training people using substances in first aid and overdose awareness. The police and probation have played a strong role too in diverting drug users away from the courts and custody to treatment services. However, we also know that drug use patterns are changing. Nationally, there are fewer young people using heroin and crack, and decreasing numbers of people injecting drugs. As is discussed elsewhere in this report, this is also evident in Brighton & Hove from surveys of younger people. This changing pattern of use is likely to be an influence on drug-related death rates.

... they just make you worse

Around 10% of the people questioned in the Health Counts survey 2012 stated that they had taken drugs in the last four weeks, while 60% of people answered that they had never taken drugs. People who regularly used drugs were less satisfied with

their lives and felt that their lives were less worthwhile compared to people who didn't regularly use drugs. Two thirds (66%) of those who had used drugs in the last four weeks had medium to high scores for feeling the things they did in life were worthwhile compared with 76% of those who had not taken drugs in the last four weeks. The equivalent figures for medium to high satisfaction with life were 62% for those who had taken drugs in the last four weeks and 73% for those who had not. Although users may take drugs for short-term mind altering effects, the survey supports the evidence that the altered state of consciousness associated with drug taking does not deliver an enduring positive impact. Supporting drug users to become drug free then has the potential to improve their lives and make them happier.

The Road to Recovery

The notion of 'Recovery from addiction' is not new. A new national drug strategy was introduced in 2010 with the stated aim of supporting people to recover fully from addiction, and become re-integrated with their community. Implementing this locally is now a key priority.

With the changing patterns of drug use, fewer people are requiring treatment for addictive drug use. In addition, more users are successfully completing treatment and recovering from their addiction. In England, the number of people completing treatment rose from 11,208 in 2005/06 to 29,855 in 2011/12. Positive changes are also being seen locally with an increasing proportion of opiate users successfully completing treatment and not re-presenting to

Annual number of drug-related deaths in Brighton & Hove, 1999 to 2011



Source: np-SAD (National programme on substance abuse deaths) <http://www.sgul.ac.uk/research/projects/icdp/our-work-programmes/substance-abuse-deaths>

Note: Alternative Office for National Statistics (ONS) reporting, which excludes certain deaths, shows fewer numbers of deaths



Drug users can recover, and on a bright day in September 2012, a sunny Brighton & Hove hosted the 4th UK Recovery Walk. The aim of the walk is to challenge stigma, educate the wider community

and bring hope to those still struggling with substance misuse. Approximately 3,000 people from all over the UK took part. The people on the organising committee of the 2012 walk were all in recovery, having benefited from a variety of services in the city. The day was very successful and represented a demonstration of the resourcefulness and ability of people who have overcome addiction.

The 4th UK Recovery Walk brought the joy and hope of recovery from substance misuse onto the streets of our city, and an understanding of the word 'recovery' into the wider community...

Pete Davies, Director of Cascade Creative Recovery, and member of the 2012 walk organising committee

services within six months. Brighton & Hove now sits in the top performing quartile for other similar areas. It will be hard work to maintain this improvement; some long-term users of opiates, who have been stable on methadone for many years, are naturally 'cautious' about the idea of moving to abstinence.

The rise of club drugs and Novel Psychoactive Substances (NPS)

As drug use patterns change, the number of people needing treatment for 'club drugs' and other novel psychoactive substances - so-called 'legal highs' - is rising. 'Club drugs' and 'legal highs' are terms used to describe different substances typically used by young people in nightclubs, and at concerts and parties. Examples include ketamine, ecstasy, GHB/GBL, mephedrone and methamphetamine. Some 'legal highs' can be bought over the counter in local shops and on the internet.

The evidence for the health effects of these newer psychoactive substances is not substantial however, there have been several isolated reports of death, and heavy use can develop into dependency. People using club drugs can do well in treatment. They often have considerable 'social capital', like stable accommodation, employment and family/friends. Their needs are different from the traditional opiate using population and so it is essential that treatment services respond accordingly.

Estimating the extent of this drug use in Brighton & Hove is difficult as users may conceal their drug taking, and they may be less likely than opiate users to come to the attention of services. Between 1st April and 30th November 2012, 48 individuals received support from treatment services for their use of club drugs. This is equivalent to just 2.4% of the total treatment population. Over a third of those supported for club drugs use were aged under 25 years, and 40% self-reported as lesbian, gay, bisexual or transgender.

The All-Party Parliamentary Group for Drug Policy Reform Review into New Psychoactive Substances identified Brighton & Hove as a 'hot spot' area for novel psychoactive substance use and recommended that specialist 'Club Drug Clinics' be set up. A local working group has been established to monitor emerging trends, and a new evening clinic, separate from the existing open access clinic, is under development. It will operate outside of traditional working hours. The aim is to encourage people using psychoactive substances, who may be reluctant or unable to attend traditional drug user clinics, to benefit from treatment services.



'Club drugs can seriously harm the physical and mental health of those who use them... Though only a small number of people need treatment for club drugs, the figure is creeping upwards.'

NTA Club Drugs Paper

Life Stories

I first got treated for heroin and crack use ten years ago. Back then, everything was about medication, take your medication, take your medication. Nobody ever asked me why I was so messed up – never. Now it's like – medication – that's just the start, it's what happens afterwards that matters.

Rick Cook (service user involvement worker) and MIND got me involved. Service user – that's me. But that was good, 'cause like it gave me a bit of a focus, a bit of structure – for the first time really.

I started doing college and training and that. I got help from CRI, Oasis, Brighton Housing Trust and the Mental Health team. I needed it. They're good people, them.

It's all changed now. They do ask you about your life. They asked me, about my family, my accommodation, training, and how I was coping really. I did some more courses with Rick and now I'm a Recovery Mentor – service user and Recovery Mentor. I tell you, I'm so busy now I don't have any time left to use.

I've been clean and sober for over three years now. I still don't say 'recovered', no way, I'm in recovery. But I tell you I'm healthier and happier than I've ever been, and that's not bad.

Paula, Heroin, crack and alcohol user in recovery

I don't think that anyone realises just how much a drug-related death in the city affects everyone. I heard someone say recently that there's "one less druggie on the streets". But what that person fails to realise is, that "druggie" is someone's son or daughter, niece or nephew, mum or dad. In short, that "someone" is a person with a family and friends. The impact another death has is massive, and it affects other users especially badly. The loss is just as painful as any loss of life and the grief just as real.

Anything that not only stops the deaths but also stops people following in the same footsteps of those that have gone can only be a good thing – a very good thing.

I attended some naloxone training and learnt how to save someone's life by doing CPR and putting them in the recovery position. They also taught me about all of the myths associated with overdose. At last we have services and training that educate, inform and ultimately save lives.

I was told recently that Brighton had lost the "drug death capital" title, and personally I couldn't have been happier. It shows that education; training and having the right services for the right people can actually save lives. John, 41, Heroin user in recovery

Sex and happiness



Most adults in England are sexually active and for many people a fulfilling sex life is fundamental to their happiness and wellbeing. The 2012 Health Counts survey suggests that this is also the case in Brighton & Hove: people with a sexual partner in the previous year are significantly happier than those without.

Stephen Nicholson,
Lead Public Health Commissioner
for Sexual Health

Sex and sexually transmitted infections

Of course, not all sex is risk free, and some people are unable or unwilling to make informed, responsible decisions about their sex lives. Rates of sexually transmitted infections in Brighton & Hove were the third highest outside of London.

For the first time, the Health Counts survey of 2012 asked people if they had ever been diagnosed with a sexually transmitted infection.

The survey confirmed the rates reported through the Health Protection Agency. Around twice as many respondents to the local Health Counts survey reported having been diagnosed with a sexually transmitted infection compared to respondents to the national Health Survey for England (2010).

The role of alcohol and drugs

Brighton & Hove has long held the reputation of a young, fun-loving, liberal party town - but this is not without risks. As is reported elsewhere in this report, around 17% of survey respondents reported drinking alcohol above safe limits including 3% drinking at very high risk levels. Among its many adverse effects on health, the survey results show that excessive alcohol consumption is associated with higher numbers of sexual partners and a higher risk of acquiring a sexually transmitted infection.

Top ten local authorities outside London for highest acute rates of sexually transmitted infections 2011

Source: Health Protection Agency annual data tables



SELF REPORTED SEXUALLY TRANSMITTED INFECTIONS IN BRIGHTON & HOVE (Health Counts 2012) **AND ENGLAND** (Health Survey for England 2012)

	Health Counts (18-69 years) Male %	Health Survey for England (16-69 years) Male %	Health Counts (18-69 years) Female %	Health Survey for England (16-69 years) Female %
Genital warts	6.4%	2.5%	8.1%	3.0%
Chlamydia	5.1%	2.2%	5.2%	3.8%
NSU/NGU*	6.9%	2.1%	2.8%	–
Herpes	2.9%	1.0%	3.5%	1.6%
Gonorrhoea	3.9%	0.8%	0.9%	0.4%
Syphilis	1.7%	0.2%	0.1%	0.1%
Any of the above STIs (Health Counts only)	18.4%	17.8%	No comparison available	
More than one of the above STIs (Health Counts only)	5.0%	2.8%		

* NSU–Non specific urethritis
NGU–Non gonococcal urethritis



Happy sex?

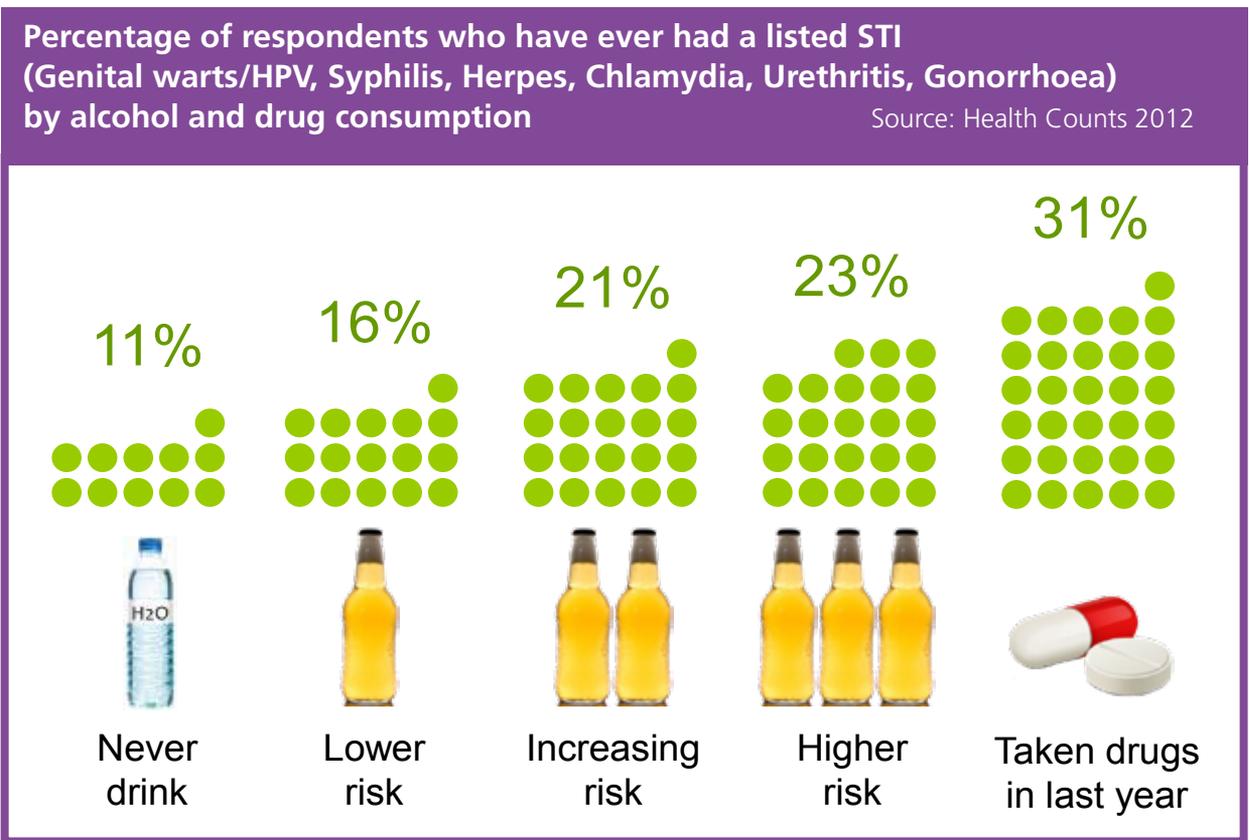
The survey suggests then that there is an association between levels of drug and alcohol use and risky sexual behaviour which results in higher levels of sexually transmitted infections. But is this group happier?

The short answer is 'no'. There was no association between increasing numbers of sexual partners and increased happiness, greater life satisfaction, or a feeling that life was

more worthwhile. In fact, respondents who reported having one sexual partner in the last year recorded the highest levels of happiness.

Other published evidence supports this finding. Drugs and alcohol can lower inhibitions and lead to poor sexual choices and increased risk taking, which in turn can lead to feelings of remorse and regret - especially if a sexually transmitted infection is the outcome.

It is a similar picture for illicit drug use. People who reported drug use in the last year were four times as likely as those who had not used drugs to have had four or more sexual partners in the past year. Furthermore, 31% of those who had used drugs in the last year reported having ever being diagnosed with a sexually transmitted infection compared with 13% of those who had not.



High stake sex

One group stands out as at particularly high risk. Men aged less than 25 years who have sex with other men (MSM) reported having more sexual partners and significantly higher rates of sexually transmitted infections. In fact, men who had sex with men in the previous year reported four times as many sexual partners as the general population. In addition, 40% of men who had sex with men reported ever having been diagnosed with a sexually transmitted infection compared with 17% of the general population.

Safe and happy sex?

Services for at-risk groups are becoming more effective, certainly at engaging these groups and at testing for sexually transmitted infections. Three quarters of men who have sex with men have ever had a test for HIV compared with a third of the general population; and 60% have ever tested for chlamydia compared to 38% of the general population.

Younger women are twice as likely to have ever had a test for chlamydia (75% of women aged 18-24 years) than men of the same age (44%). A higher proportion of younger males and females in Brighton & Hove (18-24 years) reported having ever tested for chlamydia (44%) compared to respondents to the national Health Survey for England (16-24 years) (27%).

Unfortunately, despite ever rising levels of testing, there has been little impact on rates of infection. The data from the Brighton & Hove Health Counts survey make a strong case for tackling risky sexual behaviour together with drug and alcohol misuse. A more systematic approach to screening and offering brief interventions and onward referral for drug and alcohol misuse in sexual health services is required. In the same spirit, people who present at drugs and alcohol services should have their sexual health needs addressed and be offered testing for sexually transmitted infections.

More 'joined-up' services are not a substitute for targeted health promotion work with high risk groups, but they may offer a more effective mechanism for reducing in particular the number of repeat sexually transmitted infections. Furthermore, as well as reducing sexually transmitted infections the evidence suggests that improved sexual health will lead to improved wellbeing and in the end, greater happiness.

When I first moved to Brighton my new gay friends used to talk about going to saunas for sex. After a night out on alcohol and cocaine I plucked up the courage to venture into one. I messed around with a few guys there but left when I sobered up. I got my first STI that night - gonorrhoea.

Male 19 years, Brighton

I remember the night it happened very distinctly. I was young, horny, drunk, with an attractive older man. We had sex for what seemed to me to be a very short time. I was too wasted to ask for a condom. Two weeks later primary infection from hell: fever, diarrhoea, lost ten kilos.... and an HIV diagnosis three months down the road.

Male 48 years, Brighton

Results just in...

Smoking 0 : Happiness 1



Smoking in Brighton & Hove is falling. The latest (2012) Health Counts survey found that 14% of people in Brighton & Hove smoke every day and a further 9% smoke occasionally.

Peter Wilkinson, Consultant in Public Health

Smoking – in the relegation zone?

These figures match the most recent Public Health Observatory tobacco profile for Brighton & Hove suggesting that the survey findings are valid. There has been a large fall since 2003 when 20% of local residents were daily smokers and 8% were occasional smokers; and an even greater fall since 1992 when the figures were 27% and 6% respectively. The figures are, however, still above the national average and in Brighton & Hove there is a higher rate of deaths linked to smoking than there is nationally.

Many local young people are giving up on smoking too. Over the last three years, the percentage of children aged 11-14 years who have never tried a cigarette has increased, although the equivalent for 14-16 year olds has remained constant. Smoking however remains the single biggest cause of premature death among the local population.

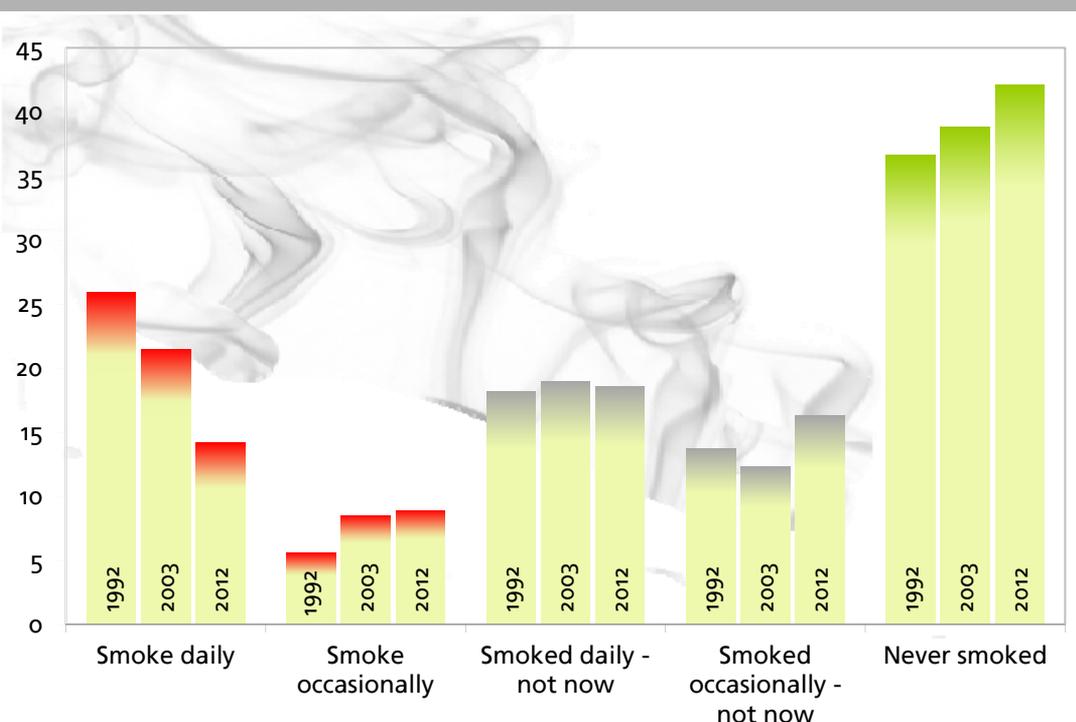
Smoking and inequalities

The prevalence of smoking in adults varies considerably across the city from 13% in Withdean to 35% in East Brighton. Life expectancy for men and women also varies. In the most



Smoking % in Brighton & Hove

Source: Health Counts 1992, 2003 and 2012

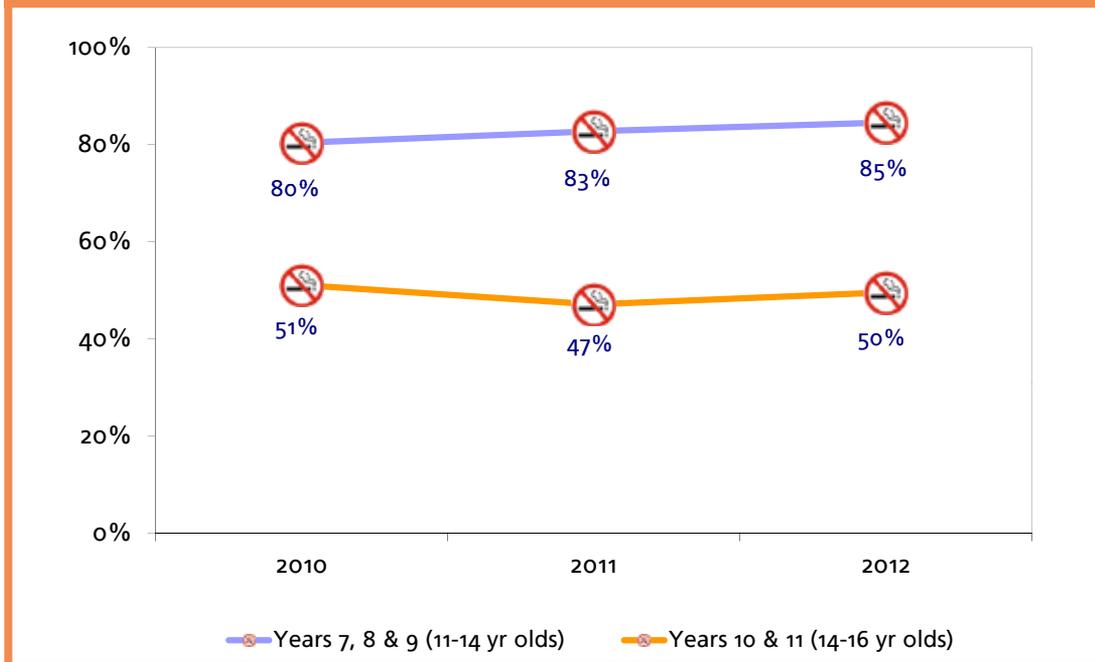


affluent part (decile) of the city it is 81.7 years for men, and 84.4 years for women. By contrast, in the most deprived parts of the city women die on average 4.4 years earlier and men die on average a shocking 10 years earlier.

Smoking is a major cause of these inequalities in life expectancy so it is important that smoking cessation programmes are most effective where the damage from smoking is greatest. In this respect, we seem to be hitting the mark. The greatest reductions in smoking over the last 10 years have been in the most deprived parts of the city.

Percentage of children aged 11-14 years and 14-16 years who have never smoked a cigarette (2010-2012).

Source Safe and Well at School Surveys 2010, 2011 and 2012



Why do people still smoke?

We have known for over fifty years that smoking is harmful and yet many people continue to smoke - why? In Brighton & Hove, smoking is more common in lesbian, gay and bisexual people (though not significantly so). Among young people, it is also more common among those who admit to bullying, truants and excluded pupils as well as those who have tried alcohol, drugs or sex. It is more common among unemployed adults and among those unable to work because of a disability or ill health. However, many adults continue to smoke simply because they are addicted to nicotine.

Are smokers happier?

Both the Safe and Well at School and Health Counts surveys say 'no'. In fact, people who have never smoked are the happiest. Of course, as has been stated in other parts of this report, surveys like these cannot differentiate between cause and effect. So people may be unhappy because of smoking, or smoke because they are unhappy - or both. However, other types of studies can answer these cause and effect questions and there is evidence to suggest that ex-smokers are happier than when they were smoking. Smoking makes you unhappy.

What more can be done?

Smoking is one of five key priorities for the new Health and Wellbeing Board's Strategy and a local Tobacco Control Alliance oversees stop smoking services as well as promoting smoke free environments, tackling illegal tobacco, halting the recruitment of young smokers and exploring community assets. There is a strong evidence base to support this work

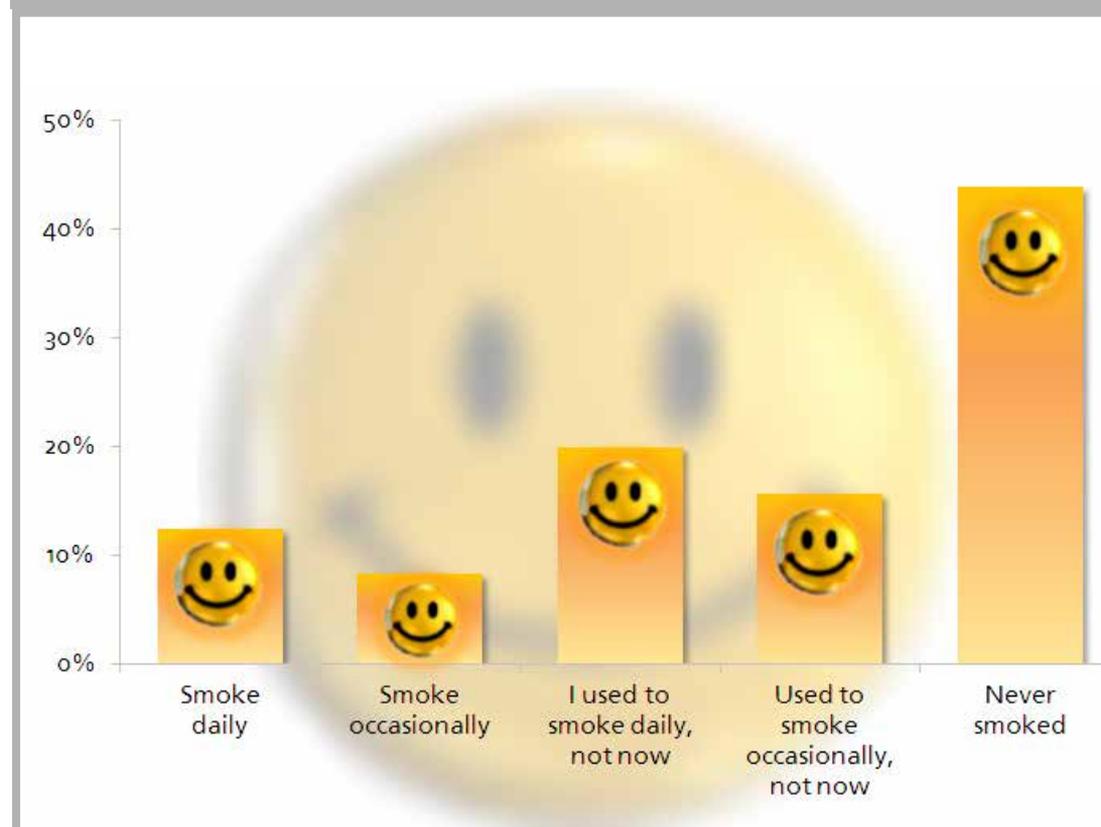
from the National Institute for Clinical Excellence (NICE). We know that even among local young smokers half of them want to give up, while in adults the figure is two thirds and over 90% of regular smokers know about local stop smoking services.

The new Public Health Outcomes Framework has three outcomes directly related to smoking; smoking status in pregnant women at time of delivery; smoking prevalence in 15 year olds and smoking prevalence in adults.

The message overall is positive. We are making good progress; smoking levels continue to fall in adults and in younger children. Our smoking cessation programmes are hitting the right people; we are tackling inequalities in smoking with the potential to reduce inequalities in life expectancy. But, and it is a big but, smoking still remains the single biggest cause of reduced and unequal life expectancy. The game isn't over, and this is one match where we can't afford to take our eyes off the ball.

Levels of happiness by smoking status

Source: Health Counts 2012



Emma kicks the habit

Twenty-four year old Emma started smoking as a teenager. When she fell pregnant last year, she was on 15 cigarettes a day. At her first antenatal appointment, her midwife referred Emma to the stop smoking team and with support from the team, and some NRT patches she soon kicked the habit.

The stop smoking team helped throughout the pregnancy with motivational and behaviour support in person, on the phone and by texting. Emma gave birth to a beautiful baby girl and four months later remains “smoke-free”.

A happy smoke-free birthday is celebrated by John Houlihan



Hi Mike,

Just a brief note to let you know that I have, today, achieved a full year of being smoke-free, and to say a very big thank-you for all your help and support in the early days!

The one-year milestone is very important for me, as I've always considered it the point where I'd know that there's no going back. Thing is, I can't see how I might ever even consider smoking again, given the benefits I'm experiencing. It really has so positive in so many ways.

I'm no longer an insomniac, I'm asleep within minutes of hitting bed. Every meal is a joy, seriously, and I've become a lot more interested in cooking! I feel a lot healthier - everybody says I look so much better, not drawn, pale & grey. Given the die-hard smoker I was, for about 35 years, and 25+ a day for the last 20 years, I know that I can, and have beaten this addiction, and that life isn't miserable without smoking but rather so much better in every way.

Thanks to you and colleagues for all your help, it really has been life changing for me. We should finish all the work on the house and garden this summer, and I am then going to concentrate on finding my new car, and I shall enjoy knowing that my ciggies-money is paying for it!

Many thanks & best regards,

John



John Houlihan
Commercial Services Director
University of Sussex Students' Union

Another Census of surprises



The 2001 Census had everyone asking where all the young men had gone, this time round it's disappearing older people.

Kate Gilchrist, Head of Public Health Intelligence

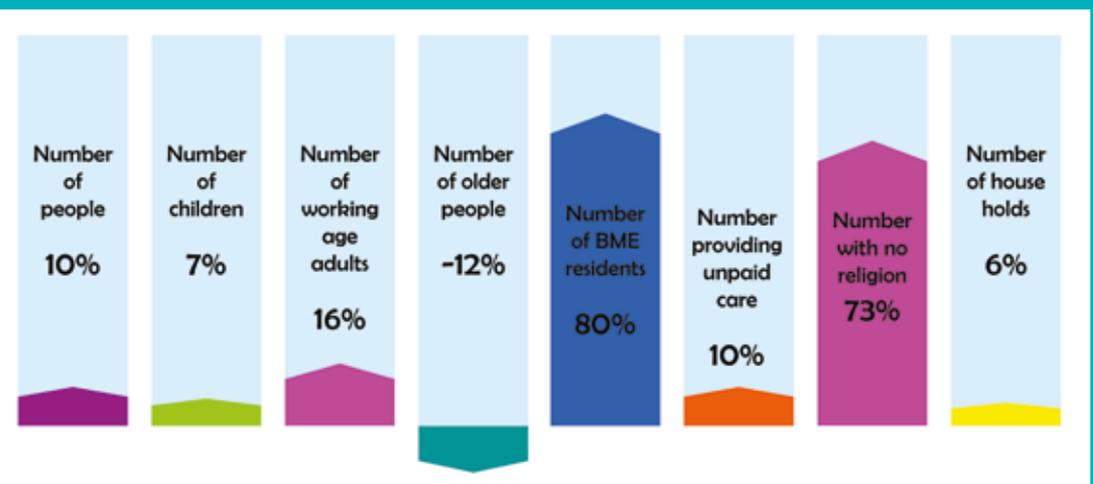
Although the press coverage may be a little quieter compared to 10 years ago, the results still show some dramatic changes in the population of Brighton & Hove. Some of the 2011 Census questions reflect changing times - for the first time there were questions about civil partnerships, second homes and recent migration, though there were no questions on sexual orientation, nor type of disability. This article provides a snapshot but more detail is available at <http://www.bhlis.org/census2011>

Ever changing Brighton & Hove

Two of the more striking findings are the increases in the number of people from Black and Minority Ethnic (BME) groups, and the proportion of residents who have no religion; these have both increased dramatically. A new question on civil partnership tells us that 1% of residents aged 16 years or over (2,346 people) in Brighton & Hove are registered in a same-sex civil partnership, this is five times higher than in the South East and England (both 0.2%).

Overall, the population of the city had grown to 273,369 on Census day – the 27th March 2011 - an increase of 10% from 2001. This is mainly due to the increase in the working age population - perhaps some of those young men have returned - with a 16% increase in the number of people aged 16-64 years (to 193,332). The number of children and young people also increased – by 7% to 44,345. But there has been a fall of 12% in the number of people aged 65 years or over, from 40,450 in 2001 to nearer 35,692 in 2011.

WHAT HAS CHANGED BETWEEN THE 2001 AND 2011 CENSUS IN BRIGHTON & HOVE?



In terms of the local age structure Brighton & Hove is getting younger: 17% of the city's population is under 16 years, 70% aged 16-64 years and 13% are aged 65 years or over according to the 2011 Census. The comparable 2001 figures were 16%, 67% and 16%.

The latest Office for National Statistics population projections to 2021 suggest that the age structure of the city will change little though all groups will rise in number to an estimated total of 310,000.

When I'm 64

Older people are particularly moving out of the city centre. If we look at small areas, so-called lower super output areas (LSOAs), which contain around on average 1,500 people, in 2001, 39 out of 165 LSOAs in Brighton & Hove had 21% or more of people aged 65 years or over, by 2011 this had fallen to 20 out of 165. In 2001, there were also significant concentrations of older people in the Hove wards of Wish and Westbourne, however even in these areas the percentages of older people fell by 2011.

Ethnicity

Brighton & Hove is becoming ever more diverse: the total number of people from Black and Minority Ethnic (BME) groups living in the city increased from 29,683 in 2001 to 53,351 in 2011 – an absolute increase of 80%. One in five residents (20% of the population) is now from a BME group.

Work is underway, led by the city council, to understand the relationship of ethnicity to housing, employment, health and wellbeing. Improved recording of ethnicity, for example in hospitals, means that we can begin to understand the needs of different ethnic groups in the city, and levels of access to services. For example, between 2009/10 and 2011/12 there was a steady increase in age standardised hospital admission rates for Asian or Asian British, and for Chinese or Other residents. Age standardised admission rates for Chinese or Other residents are highest by some margin. This is also the case for emergency admissions to hospital and elective admissions.

Religion – or maybe secularism...

The 2011 Census showed that almost half the population in Brighton & Hove describe themselves as having no religion (42% of the population). The figure for England is much lower at 25%. Christianity remains the largest religion in the city (43%). Muslims were the next largest religious group with 2% (5% in England).

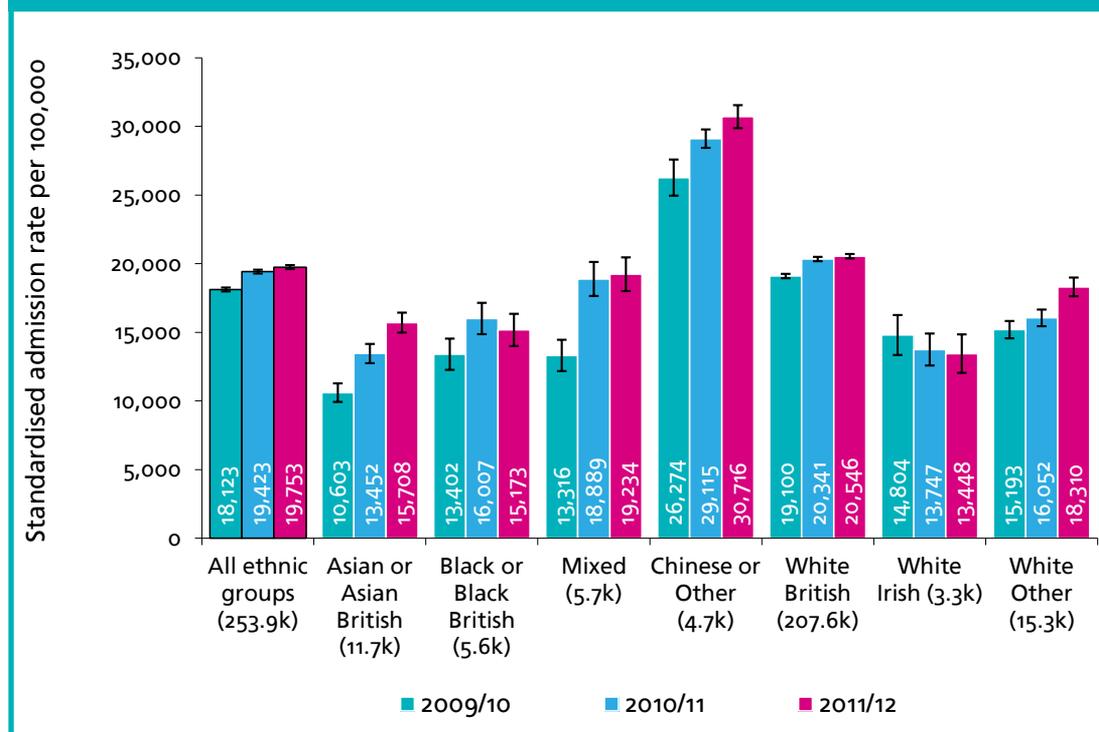
The Health Counts survey showed differences in the wellbeing, happiness and social capital of different religious groups, with Muslim groups showing significantly lower levels. This is described in the Social Inclusion section of this report.

Health

Across the city, a total of 20,445 people (7%) report that their day-to-day activities are limited a lot due to a long-term health problem or disability, and a further 24,124 (9%) report that their day-to-day activity is limited a little. Due to the way this question was asked there is no direct comparison to 2001.

The vast majority of people living in the city (83%) say they are in very good or good health, this rises to 95% if you include fair health, though 14,428 residents (5%) say that they

Age standardised admission rates by ethnic group with 95% confidence intervals, 2009/10 to 2011/12 Source: Hospital Episode Statistics



are in poor or very poor health. It will come as no surprise that the Health Counts survey found that 77% of respondents reporting good or better health also had high or very high happiness levels, compared with 42% of those with fair or poor health.

Carers

There are 23,987 people in the city (9%) providing unpaid care to a family member, friend or neighbour who has a long-term illness, disability or

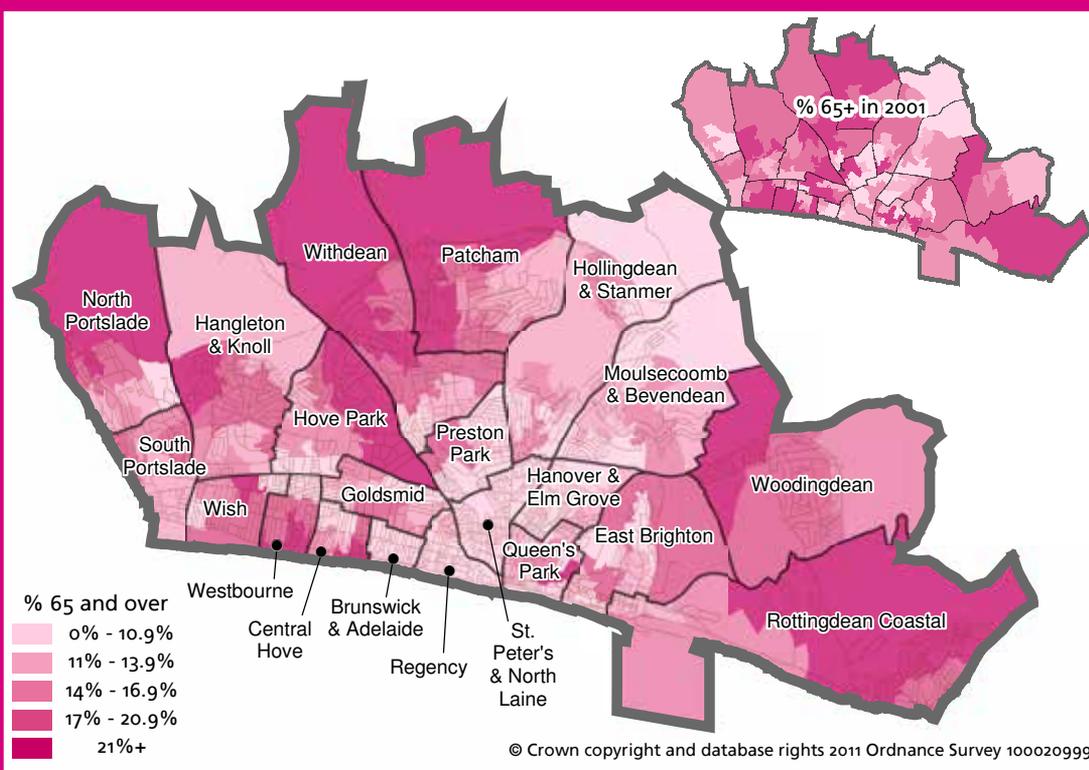
problems related to old age. Whilst this is a rise of 2,164 people since the 2001 Census, it remains at 9% of the population due to the increase in the total population. This is slightly lower when compared to the South East and England (both 10%).

Of those providing unpaid care, the majority (16,401 people, 68%) do so for 1-19 hours a week but 4,716 people, nearly 2% of the total population, provide 50 hours or more a week of unpaid care.

The Health Counts results showed that carers are equally happy to non-carers in the city (both 72%) and that there are no significant differences in how anxious they are, or their sense of feeling that life is worthwhile. However, carers are significantly less likely to have high or very high rates of satisfaction with their life (67% carers, 73% non carers).

Brighton & Hove has a Carers' Strategy overseen by a multi-agency group with representatives from Health, the council, Voluntary Sector Organisations, as well as from carers. A joint budget funds information and advice, support staff, short breaks for carers, discounts on leisure and other opportunities, an emergency back-up scheme and dedicated advocacy and support services for young carers and parent carers.

Percentage of population aged 65 or over by Lower Super Output Area in Brighton & Hove 2011 and 2001 Census Source: Office for National Statistics



A spotlight on inequalities over the last 10 years

Kate Gilchrist

The issue of 'inequalities' remains a priority for politicians, policy makers and ordinary people alike. There is a long tradition within public health of addressing inequalities that goes back to the 19th century.

Over the last 40 years, academics like Douglas Black, Donald Acheson and most recently Michael Marmot have led this discussion. The focus has typically been on how health and wellbeing varies between different groups – gender, ethnicity, neighbourhood, and socio-economic status. The inequalities experienced by different groups (eg by religion, ethnic group) in Brighton & Hove are discussed elsewhere in this report; here we consider socio-economic inequalities.

A wealth of evidence shows that people who live in more deprived areas experience poorer health than the rest of the population. Within Brighton & Hove, there is an inequality gap in life expectancy between the poorest and the most affluent of 10.6 years for males and 6.6 years for females.

Narrowing inequalities

The last 10 years have seen some improvement in inequalities in Brighton & Hove. In 2003, smoking had the greatest inequality of any other measure with a slope index of inequality of 25 percentage points. By 2012 this had reduced to 18, but there is still considerable inequality in the city with the most deprived 2.3 times more likely to smoke than the least deprived.

Inequalities in the consumption of five or more portions of fruit or vegetables, and higher risk drinking have also fallen between 2003 and 2012. In fact, higher risk drinking in 2012 no longer shows any association with deprivation in Brighton & Hove. There has also been a small reduction in inequality for major risk of depression.

Widening inequalities

By contrast, obesity levels showed very little inequality in 2003 but this gap has widened in 2012. The most deprived individual is now 1.7 times more likely to be obese than the most affluent.

Absolute inequalities in poor health, general health worsening (compared with a year ago) and limiting long-term illness have all increased from 2003 to 2012, with the inequality in limiting long-term illness increasing the most.

The inequality in being unable to keep your home warm in winter (most of the time or quite often) has also widened within the city between 2003 and 2012 with the slope index of inequality increasing from 14 percentage points to 18. The most deprived individual is now 3.4 times more likely to **not** be able to keep their home warm enough in winter than the least deprived.

The opposite picture

Rates of physical inactivity and combined overweight and obesity actually improve as deprivation increases, showing the opposite pattern to most inequalities in health. However, it is important to note that whilst there was a trend in this opposite than expected direction, levels of physical inactivity and combined overweight/obesity were still high in the most deprived quintile of deprivation.

So what does it all mean...

In some important areas of public health areas such as smoking and fruit and vegetables consumption,

there has been some reduction in inequalities over the last 10 years. This might reflect lifestyle trends across the population, and legislation like the smoking ban. It may also reflect local approaches such as the focus of stop smoking services in deprived areas. However, even in these areas of improvement, there remains considerable inequality. Higher risk drinking is a better picture with no inequality within the city, and this comes with a population-wide reduction in high risk drinking which has fallen from 5% in 2003 to 3% in 2012.

Obesity, limiting long-term illness and state of health compared with one year ago are the areas where there have been the greatest increases in the absolute inequality across the city. If you are obese with chronic illness, you are more likely to be poor than you were 10 years ago. There has also been a worrying increase in inequalities in being unable to keep warm enough in winter.

At best it can be said that there has been a mixed record in addressing inequalities in Brighton & Hove over the past decade. The Health Counts survey presents the city with a good opportunity to measure the improvements – or otherwise – in tackling inequalities. Ascribing changes to local measures is a bit more difficult, nevertheless the data give us an opportunity to renew our approach, focussing on where inequalities are widening, and through an ever improving research base, using the best interventions to reduce them.

THE SLIPPERY SLOPE

The Slope Index of Inequality (SII) is a measure of the extent of inequality across the whole population for a particular measure. It is more sensitive than just looking at the gap between the most deprived and least deprived groups – for examples quintiles, as it looks at differences across the whole population concerned.

The slope index of inequality for a number of factors which are influenced by deprivation are shown. For the smoking example, the smoking prevalence in 2012 at its lowest point is 14%, and the value at the highest point is 32% – the difference between these figures, 18%, is the slope index of inequality.

This 18% gives the absolute inequality, but the relative inequality – how many times more likely smoking is in the most deprived (hypothetical) individual compared with the most affluent (hypothetical) individual – is also important. The slope index of inequality can be transformed into a relative measure – the Relative Index of Inequality (RII) – by dividing the two extremes. In the smoking example this is $32\%/14\% = 2.3$. This means that taking into account the full extent of inequality in smoking, the most deprived individual is 2.3 times more likely to smoke than the most affluent one.

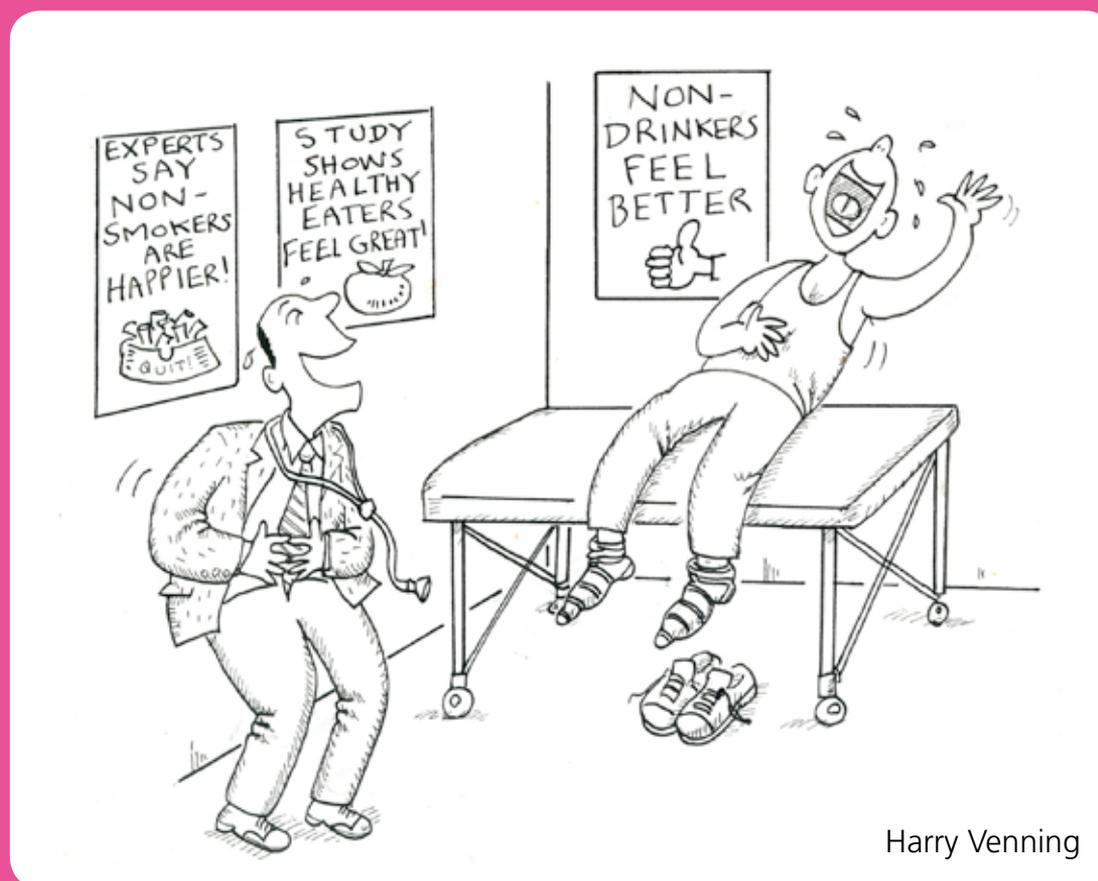
Inequalities in Brighton & Hove 2003 – 2012

The illustration shows a number of features of local inequalities. The absolute level of inequality in 2012 (the Slope Index of Inequality) is shown on the X axis. The extent to which these inequalities have widened or narrowed since the last Health Counts survey (2003) is shown on the Y axis (the rate of change in the SII). The size of the points is an indication of the 2012 relative slope index of inequality.

Source: Health Counts 2003 and 2012



HAPPINESS: the eternal pursuit



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